L10000128593

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only

EFFECTIVE DATE QI DI 2011



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12/15/10--01022--004 **155.00



D. BRUCE
DEC 16 2010
EXAMINER

COVER LETTER

| | Registration Section Division of Corpora | | | | |
|------------|--|--|--|--|-----------|
| SUBJEC | et: A | J'S TIRE | 5 LLC | | |
| | | Name of Limited | Liability Company | | |
| The enclo | osed Articles of Orga | nization and fee(s) are su | bmitted for filing. | | |
| Please ret | turn all corresponder | ice concerning this matter | to the following: | | , |
| ±17 6 - | ALF | red J Clo | ame of Person | ARTHUR | · —- |
| | A | 55 Tires | L_C | | |
| | | ŀ | irm/Company | | |
| | 2804 1 | V VOIUISA | AVE | | |
| | | | Address | | |
| | ORange | CAY FL | 32763 | era. | |
| | _ | City/S | State and Zip Code | | 70 |
| <u>. [</u> | <u> 30BB0BB</u> | <u>wBBUB@A</u> | OL.Com future annual report notificatio | n) | |
| For furthe | er information conce | ming this matter, please c | | 55 55 55 55 | 5 |
| . or rail | _ | | | | 3 111 |
| | AL | | Area Code & Daytime | - 380.3 ST | ED 33 |
| | Name of Pers | on | Area Code & Daytime | Telephone Number | ဃိ |
| Enclosed | d is a check for the | following amount: | ······································ | | |
| \$125.00 F | Filing Fee \$13 Ce | 60.00 Filing Fee & Partificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is enc | is & |
| | Re _į Div P.C | gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | Street/Courier Addr Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230 | ions er Circle | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|---|
| ATS TIRES "LL (Must end with the words "Limited Liabi | C'' lity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the pr | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| ALFred J Charties III. 2804 N. VALUSIA AVE OMPRE CITY, FL 32763 | 795 Superior St Deltona FL 32725 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) | |
| The name and the Florida street address of the r | registered agent are: |
| Clluf of A | TIT ALFred J Clostier III |
| 795 Superior Florida street add | St- dress (P.O. Box NOT acceptable) |
| DeHonA FL | (A) + |
| liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe | accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S |
| Registered Agent's Signat | ULL TITE |

(CONTINUED)

EFFECTIVE DATE O | O | 20 | Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| Title: | Name and Address: |
|--|---|
| "MGR" = Manager "MGRM" = Managing Member | |
| "MGR" | ALFred J Cloutier 795 Superior St Deltona FL 32725 |
| | |
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| (Use attachment if necessary) | |
| FICLE V: Effective date, if other than the n effective date is listed, the date must be 90 days after the date of filing.) | e date of filing: <u>JAN 1 2011</u> . (OPTIONAL) be specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| | er or an authorized representative of a member. |
| _ | |
| constitutes an affirmation unde I am aware that any false infor constitutes a third degree felon | 8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.) |
| AFRED | T Closties III MES OF ITTE |
| 13 | yped or printed name of signee |
| Filing Fees: | DRIE 38 |
| \$125.00 Filing Fee for Articles of Orga | |

Page 2 of 2

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)