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11 JAN 21 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN 25 2011
EXAMINER

FROM :

FAX NO. :

Jan. 19 2011 10:39AM P2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rite Price Automotive, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Samuel Koltun

Name of Person

Rite Price Automotive

Firm/Company

16423 Stonehaven Road

Address

Miami Lakes, FL 33014

City/State and Zip Code

rite price@daystar.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samuel Koltun

Name of Person

at (305)

823-2520

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Rite Price Automotive, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Rite Price Automotive
23230 Harper Avenue
Port Charlotte, FL 33980

Mailing Address:

Rite Price Automotive
23230 Harper Avenue
Port Charlotte, FL 33980

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Samuel Koltun

Name

16423 Stoehaven Road

Florida street address (P.O. Box NOT acceptable)

Miami Lakes, FL 33014

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Samuel Koltun

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FROM :

FAX NO. :

Jan. 19 2011 10:40AM P4

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Samuel Koltun

16423 Stonehaven Road

Miami Lakes, FL 33014

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Samuel Koltun

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Samuel Koltun

Typed or printed name of signer

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 3.00 Certificate of Status (Optional)