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COVER LETTER

Division of Co			•	
SUBJECT: South F	lorida Salvage, LLC			
	Name of Limit	ed Liability Co	mpany	
The enclosed Articles o	f Organization and fee(s) are	submitted for fi	ling.	
Please return all corresp	ondence concerning this matt	ter to the follow	ring:	
Kyle Charles	Young, Esq.	Name of Person	,	
KYLE CHAR	RLES YOUNG, PL	F: (C		
		Firm/Company		
205 Worth A	ve, Suite 201	Address		
Datas Basad	EL 00400			
Palm Beach,		y/State and Zip C	`ode	
kcy@lawyer.		yrouno una zap	, out	
kcy@lawyel.	E-mail address: (to be used t	for future annual	report notification)	
For further information	concerning this matter, please	e call:		
Kyle Charles Youn	ng Esq.	_at (561) 635-1114	
Name	of Person		Code & Daytime Tele	ephone Number
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Copy (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	Regis Divis Clifto 2661	t/Courier Address tration Section ion of Corporation on Building Executive Center hassee, FL 32301	s

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

South Florida Salvage			
		,	
(Must en	d with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addres	ess:		
		of the principal office of the Limited Liability C	ompany is:
Principal Office Addr	ress:	Mailing Address:	
20d Ontalle Oliver Avenue	#4540	004.0 11.00 4 14.540	
301 South Olive Aven		801 South Olive Avenue #1516 West Palm Beach FL 33401	
Nest Palm Beach FL	. 33 4 0 1	West Faill Death 1 £ 33401	
ADTICLE III - Dogis	tarad Agent Re		1νΔ' ·
(The Limited Liability Compar business entity with an active The name and the Flori	any cannot serve as its of the Florida registration.) ida street address	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or and of the registered agent are:	other DIVIS
(The Limited Liability Compar business entity with an active The name and the Flori	my cannot serve as its of e Florida registration.)	gistered Office, & Registered Agent's Signature of the registered agent are:	other DIVIS
(The Limited Liability Compar business entity with an active The name and the Flori	any cannot serve as its of the Florida registration.) ida street address	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or and of the registered agent are:	
(The Limited Liability Comparbusiness entity with an active) The name and the Flori	any cannot serve as its of the Florida registration.) ida street address	gistered Office, & Registered Agent's Signature of the registered agent are: ng, Esq. Name	SECRETARY DIVISION OF CI
(The Limited Liability Comparbusiness entity with an active) The name and the Flori	any cannot serve as its of a Florida registration.) ida street address rie Charles Your Worth Avenue,	gistered Office, & Registered Agent's Signature of the registered agent are: ng, Esq. Name	SECRETARY DIVISION OF CI
(The Limited Liability Comparbusiness entity with an active) The name and the Florion Kylesses (205)	any cannot serve as its of a Florida registration.) ida street address rie Charles Your Worth Avenue,	gistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or and of the registered agent are: ag, Esq. Name Suite 201	other DIVIS

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM .	Robert B. McDuffie, Jr 801 South Olive Avenue #1516 West Palm Beach FL 33401
MGRM	Matthew B. Powell 801 South Olive Avenue #1516 West Palm Beach FL 33401
MGRM	Davis D. McDuffie 801 South Olive Avenue #1516 West Palm Beach FL 33401
(Use attachment if necessary)	·
	the date of filing: February 4, 2011. (OPTIONAL be specific and cannot be more than five business day
REQUIRED SIGNATURE:	

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.)

Davis D. McDuffie

Typed or printed name of signee

Filing Fees:

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

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