# L11000038595

(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 Filling Officer: CORRECTION TO Name Per CONVENCATION WITH JOHN BOCHNIA 3/31/2011 KS

Office Use Only



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FILED
THAR 29 PM 12: 34
EVALUATION FINDS

K. SALY EXAMINER MAR 31 2011



March 30, 2011

JOHN BOCHNIA 3047 TERRACE AVE., UNIT J NAPLES, FL 34104

SUBJECT: PREMIER AUTO BROKERS L.L.C.

Ref. Number: W11000018075

We have received your document for PREMIER AUTO BROKERS L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P06000070669 "PREMIER AUTO BROKERS, INC.".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 011A00007753

# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJEC	T: Excel Auto Brokers L.L.C.  Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	John Bochnia
_	Excel Auto Blokers L-L-C. Firm/Company
_	3047 Terrace Ave. unit J
_	Address  Nafles, FL 34/04  City/State and Zip Code  Madric a + 4-12/2 (2 (2)20 con + 4.4 + 4.4
	E-mail address: (to be used for future annual report notification)
	Some of Person at (239) 595-1352  Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
\$125.00 I	Filing Fee \$130.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

EXCE   Auto Brokers L.L.C.  (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:  Excel Auto Brokers L.L.C.  Excel Auto Brokers L.L.C.  3047 Jerre Ave Units  Wighes, FL-34104  Mailing Address:  Excel Auto Brokers L.L.C.  3047 Jerre Ave. Units  Naples FL-34104
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:    John Bochig   Name   Name
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 al 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

<u>'itle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
MGRM	John Bochoig 817. Palm View di- Noples, Fl 34110 Alvaro Sesus Aldana 36.1.17 th St. 5W Naples, Fl 34117
· · ·	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:  $\frac{1/2/20}{1}$ . (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:**

John Bochnica 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.)

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)