

L11000054012

(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:

Office Use Only



700207179177

05/09/11--01001--017 \*\*130.00

RECEIVED

11 MAY -6 PM 2:29

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 MAY -6 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAY -6 2011  
EXAMINER

To: Registration Section  
Division of Corporations

*Organization*  
**ARTICLES OF ~~INCORPORATION~~**  
**OF**  
**CUSTOM CARS, LLC**

The enclosed Articles of Organization and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Jeffrey Brooks of Custom Cars, LLC  
499 Capital Circle SW, Unit #1  
Tallahassee, FL, 32304  
[customcarsinc@hotmail.com](mailto:customcarsinc@hotmail.com) (email for future report notification)

For further information concerning this matter please call:

Jeffrey Brooks at (850) 574-2277

**ARTICLES OF ORGANIZATION  
OF  
CUSTOM CARS, LLC**

**FILED**  
11 MAY -6 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

The undersigned, a natural person at least eighteen years of age, for the purpose of forming a limited liability company pursuant to the provisions of the Business Corporation Law of the State of Florida, hereby certifies:

**ARTICLE I:** The name of the Limited Liability Company is "Custom Cars, LLC". (hereinafter the "**Company**").

The purpose for which the Company is formed is to engage in any lawful act or activity for which corporations may be organized under the Business Corporation Law, and it is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

**ARTICLE II:** The office of the Company is in the State of Florida and is located in the County of Leon. The principal office address and mailing address is, 499 Capital Circle S.W. Unit #1, Tallahassee, FL, 32304.

**ARTICLE III:** <sup>Jeffrey Brooks</sup> ~~The Secretary of State of the State of Florida~~ is hereby designated as the agent of the Company upon whom process in any action or proceeding against the Company may be served; the post office address to which the Secretary of State shall mail a copy of any such process so served is 499 Capital Circle S.W., Unit 1, Tallahassee, FL 32304.

**ARTICLE IV:** The title, name and address of each Managing Member are as follows:

Managing Member- Don Hargrove, III

4590 John Boy Lane

Tallahassee, FL 32303

Managing Member- Jeffrey Brooks


9161 Shoal Creek Dr.,

Tallahassee, FL, 32312

FILED  
14 MAY -6 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

IN WITNESS WHEREOF, I have made and subscribed this certificate on this 6<sup>th</sup> day of

May, 2011.

  
Jeffrey Brooks

I hereby accept the appointment as registered agent and agree to act in this capacity. I am familiar with and accept the obligations of my position as registered agent.

