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TOLL JUN 23 AM ID; 57

JUN 2 4 2011 EXAMINER

COVER LETTÈR

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·		
SUBJECT: VM Auto Sports			
Name of Limited Liability Company			
The enclosed Articles of Organization and fee(s) are subm	nitted for filing.		
Please return all correspondence concerning this matter to	the following:		
Rhonda William	ne of Person		
VM Auto Soort	ne of Person S n/Company		
3724 E. Hwy	72		
Plant City Fl City/Sta	Address 33566 te and Zip Code		
1/44 () 0 1	ture annual report notification)		
For further information concerning this matter, please call	:		
Thoulawilliams at	323-6394 (813) 759-3965 Area Code & Daytime Telephone Number		
Name of Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:	K, ~K		
\$125.00 Filing Fee \$\infty\$\$\$\$\$\tag{\$130.00 Filing Fee & Certificate of Status}\$\$	\$155.00 Filing Fee & Status & 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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - 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 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

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

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

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF LARD FALL AHASSEE FLORIDA
MGRM	Walterfirk 13000 GA Huy 242 Partow, BA 36413	
MGRM	James W. Mims 11149 Lithia Pinecrest Lithia Fl 33547	Rol
MGRM	Phonda Williams 903 Nina Elizabeth Brandon Fl 33510	Ci- Apt 301
(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing (- 21 - 201) (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:

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

