11000109019

(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:			

800212266288

09/22/11--01006--024 **180.00

L. SELLERS

SEP 2.3 2011

EXAMINER

Office Use Only



COVER LETTER

TO: Registration Sec Division of Corp			
		11.0	
SUBJECT: KIKETS	Auto Financial,	ed Liability Company	
	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, - ,	
The enclosed Articles of 0	Organization and fee(s) are	submitted for filing.	
Please return all correspon	ndence concerning this mat	ter to the following:	
Victor Gau	ubeca		
	·	Name of Person	
	•	Firm/Company	
1425 W. T	aft Vineland Roa	nd	
		Address	
Orlando, FL	32837		•
	Cit	y/State and Zip Code	
rikersroadsid	e@gmail.com	for future annual report notification)	
For further information of	,	•	
For further information ec	oncerning this matter, please	e can:	
Ricardo Amo		at (407) 855-7776	,,,,
Name of	Person	Area Code & Daytime Telep	ohone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA ARTICLES OF ORGANIZATION FOR FLO	TOANY
	MILLY COME
• • • • • • • • • • • • • • • • • • •	BATTEDLIABIL
ORIDA	
MONFORFIC	
PGANZATIO	
ARTICLE I - Name: ARTICLE I - Name: The name of the Limited Liability Company is: Auto Financial, LLC The words "Limited Liability he words "Liability he words "Liabi	
ARTICLE I - Name: ARTICLE I - Name: The name of the Limited Liability Company is: Riker's Auto Financial, LLC (Must end with the words "Limited Liability Company) (Must end with the words "Limited Liability Company)	Company, "L.L.C." or "LLC.") Company, "L.L.C." or "LLC.") Company is: Mailing Address: Mailing Address: 1425 W. Taft Vineland Road Orlando, FL 32837 Orlando, FL 32837 Orlando, FL 32837
ARTICLE I - Name: ARTICLE I - Name: The name of the Limited Liability Continued Liability Riker's Auto Financial, LLC (Must end with the words "Limited Liability Aress: Address of the property of the	Company, "L.L.C."
The name of the cinancial, Limited Liability	ethe Limited Lib
Auto File with the words	ainal office of the
Rikers. (Must end	incip address:
Address, greet acc	Marine
ARTICLE III address and	1425 W. 121 32831
The manner	Orlands
The mailing address: Principal Office Address: Principal Office Address:	Registered Age individual
N Orange Bloom	office, & Nou must design
Principal Office Amazon Trail 2776 N. Orange Blossom Trail Kissimmee, FL 34744 Agent, Reg	istered Agent
Kissimmee, F. Ki	Orlando, FL 32837 Orlando, FL 32837 Orlando, FL 32837 Sistered Office, & Registered Agent's Signature: Agent You must designate an individual or another Agent You must designate an individual or another Agent Agent Agent are: Name Land Road Name Land Road
ARTICLE III - Registered Age as its of the Limited Liability Company cannot serve as its of the Limited Liability Company cannot serve as its of the Limited Liability Company cannot serve as its of the Limited Liability With an active Florida Street address and the Florida Stree	es of the register
The Limited Liamin an active The Limited Liaming with an active The Liaming with a street address with the Liaming with the Liaming with a street address with the Liaming with a street address with the Liaming with	-oca
business and the Floriator S. Gaul	Name Land ROad acceptable
The name Victor	raft Vinelaino, Box North
- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3/ 30/20 5/38.11
	crate, the care care care
Orlando	City, su coepi service of probe accept with the
	ered agent and to accept service of process for the apprevent and to accept service of process for the apprevent and to accept service of process for the apprevent agent and to accept service of thereby accept the apprevent agent as provided in the complete performance of my duties, and I am fa out in this capacity. I further agree to comply with the contract of the acceptance of the acceptance of the acceptance of the apprevent agent as provided for in Chapper and complete performance of my position as registered agent as provided for in Chapper and complete performance of my position as registered agent as provided for in Chapper and complete performance of my position as registered agent as provided for in Chapper and Chapper and Chapper agent
d as regist	ered as ignated in I further of my and large designated for the
the Pi	o act in this complete person agent as
liability compand agree	oper and operation as regular
registered relating to the registered relating to the relations of the registered relations of the registered relations of the registered relations of the registered	of my r
state accept the over	ered agent and to accept service of thereby accept the the ered agent and to accept service of thereby accept the the lace designated in this certificate, I hereby accept the the lace designated in this capacity. I further agree to comply with the lace designated in this capacity. I further agree to comply with the lace designated in this capacity. I further agree to comply with the lace designated in this capacity. I further agree to comply with the lace designated in this capacity. I further agree to comply with the lace designated in this certificate, I hereby accept the hereby
	ad Agent s
_	TONTINUED)
	(CO)
	(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	Name and Address:
"MGRM" = Managing Member	·
MGR	Victor S. Gaubeca
	1425 W. Taft Vineland Road
	Orlando, FL 32837
MGRM	Carmen R. Alba de Gaubeca
	1425 W. Taft Vineland Road
	Orlando, FL 32837
(Use attachment if necessary)	
ICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
effective date is listed, the date must be 90 days after the date of filing.)	oe specific and cannot be more than five business days prio
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.)

Victor S. Gaubeca

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)