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(Re	equestor's Name))
(Ac	ddress)	
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SECRETARY OF STATE
AND ANASSEE FOR DRING

D. BRUCE

NOV 18 2011

EXAMINER

COVER LETTER

	то:		on Section f Corporations		
	SUBJ	_{ECT:} Car	tMakers, LLC		
			Name of Limi	ted Liability Company	
	The er	nclosed Articl	es of Organization and fee(s) are	submitted for filing.	
	Please	return all cor	respondence concerning this mat	ter to the following:	
		<u>Charle</u>	s S. Dayhoff III, Es		
				Name of Person	
		Law O	ffice of Charles S. [
				Firm/Company	
		200 No	orth Pine Avenue, Su	uite B	and .
				Address	
		Oldsma	r, FL 34677		NOV
			Cia	y/State and Zip Code	ASSEE. FI
		inspector	4u@npifla.com		SEE. FLORI
			E-mail address: (to be used	for future annual report notification)	F. ST
	For fur	rther informat	ion concerning this matter, please	e call:	ST ATE AFIDA
	Char	rles S. Da	yhoff III, Esquire	at (813 749-0818	
		NE	nne of Person	Area Code & Daytime Telep	phone Number
	Enclos	sed is a chec	k for the following amount:		
V.	\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 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 Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CartMakers,	LLC	
· · · · · · · · · · · · · · · · · · ·		
(Must end with the words "Limited Liab	mity Company, "L.L.C.," or "LLC.)	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liability Comp	oany is:
Principal Office Address:	Mailing Address:	
334 East Lake Road, #111	334 East Lake Road, #111	
Palm Harbor, FL 34685	Palm Harbor, FL 34685	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)		
The name and the Florida street address of the		1 .
Charles S. Dayhoff III,	Esquire AR S	5 "T
Name		-
200 North Pine A	Avenue, Suite B	: IT

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..

City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Oldsmar

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

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

<u>Title:</u>	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGRM	Michael Alan Oberacker		
	3326 Briarwood Circle		
	Safety Harbor, FL 34695		
MGRM	Joyce Ann Oberacker		
	3326 Briarwood Circle	_	
	Safety Harbor, FL 34695		
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(Use attachment if necessary)		·	
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	e date of filing: (OPT		
	e specific and cannot be more than five busine	ess days p	prior
0 days after the date of filing.)			
REQUIRED SIGNATURE:			
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70001

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.)

## Michael Alan Oberacker

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)