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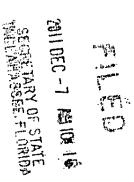
(Requ	estor's Name)	
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(City/s	State/Zip/Phone	÷#)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
		
Special Instructions to Fil	ing Officer:	

Office Use Only



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T. CLINE

DEC - 8 2011

EXAMINER

COVER LETTER

Division of C	Corporations		
SUBJECT:	<i>LFORD CAR SERU</i> Name of Limite	VI'CES OF FLORDI d Liability Company	A, LLC.
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	LOWELL B.	ARNES	·
		Name of Person	
	MILFORD CAR S	ERVICES OF FLORE	0/A, L.LC.
		Firm/Company	
3	432 HEATHER L	WAY LANE	
			10 E
9	Ebastian, FL	32958	INDEC -7
·	City	/State and Zip Code	
M	LE-mail address: (to be used for	- HOTINAIL. COM	SEX C
	E-mail address: (to be used to	or future annual report notification)	五のき
For further informatio	n concerning this matter, please	call:	OFFICE OF THE PERSON OF THE PE
LOWELL	BARNES	at (203) 815-	8761
Nam	ne of Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	for the following amount:		
\$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	Street/Courier Address	•

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:	•
The name of the Limited Liability Company is	5:
MILFORD CAR SERVICES OF (Must end with the words "Limited Liah	F FLORdiA, L.L.C.
(Must end with the words "Limited List	hity 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:	Mailing Address:
3432 HEATHER WAY LANE	3432 HEATHER WAY ARE
3432 HEATHER WAY LANE SEBASTIAN, F. 32958	
	7.2
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as ite own Reg business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
NRAI SEK	PUICES, INC.
	PARK AVERUE ddress (P.O. Box NOT acceptable)
TALLAhASSEE City, S	FL 3230/ State, and Zip

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..

NEA Service, Inc.

Wendy D Rea, Assistant Secretary

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	LOWELL BARNES 3432 HEATHER WAY LAKE 5EBASTIAN, FL. 32958
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: <u>JANUARY 1, 2012</u>. (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:

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.)

S, L. BARNES

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)