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B. BOSTICK

FEB - 6 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Auto Sellers LLC. Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Firm/Company 9201 S. Timberline Ter. Address Inverness, FL 34452 City/State and Zip Code Viglione @ centurylink.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Donna Viglione at 352, 726-3093 Name of Person Area Code & Daytime Telephone Number	
Firm/Company	
9201 5 Timberline Ter	
Address In 184450 F	*. 44
City/State and Zip Code	
viglione e centurylink, net	
E-mail address: (to be used for future annual report notification)	ه بغ
For further information concerning this matter, please call:	
Donna Viglione at 352 726-3093 Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim		pany is:			
(Must			ellers LLC ty Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Add The mailing address		of the pri	ncipal office of the Limit	ed Liability C	Company is:
Principal Office Ad	dress:		Mailing Address:		
9201 S. Timbe Inverness,	erlineter. FL 34452	<u>-</u>	9201 S. Timbe Inverness, Fl	rline Te 2 34452	er.
ARTICLE III - Reg (The Limited Liability Combusiness entity with an act	pany cannot serve as its	own Registe	Office, & Registered Agreed Agent. You must designate as	gent's Signat i individual or and	ure: other
The name and the Flo	orida street address	s of the re	gistered agent are:	F.	12
_	Donna	Viali Name	one	LLAHAS 3	
_	9201 5.7	timbe	erline Ter	₹*. • • • • • • • • • • • • • • • • • • •	
			ress (P.O. Box <u>NOT</u> acceptable	e) F. FLORIDA	F312: 30
-	Trivernes	> ン City, Stat	FL 34452 te. 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

MGRM Paol 5. Timberline Ter Inverness, FL 34452 (Use attachment if necessary) (Use attachment if necessary) TCLE V: Effective date, if other than the date of filing:	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
(Use attachment if necessary)	MGRM	
(Use attachment if necessary)		12 FEB
(Use attachment if necessary)		
	,	e date of filing (OPTIONAL)
	REQUIRED SIGNATURE:	2 Vic Dion
REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.	Signature of a member	er or an aquiorized representative of a member.
Donna Vic Dion	(In accordance with section 608 constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State

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

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)