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EXAMINER

## **COVER LETTER**

	on Section f Corporations		
SUBJECT:	HOOD'S USED	AUTO PARTS, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articl	es of Organization and fee(s) are	submitted for filing.	
Please return all cor	respondence concerning this mat	ter to the following:	
	DANN	Y K. HOOD	<del></del>
		Name of Person	
	HOOD'S USE	DAUTO PARTS, LLC	
		Firm/Compuny	
	7135 H	IWY 90 EAST	
<del>, 1</del>		Address	
	MILTO	DN, FL 32583	
\ <del></del>		y/State and Zip Code	
<del>* • • • • • • • • • • • • • • • • • • •</del>	equityacco	unting@bellsouth.net	
		for future annual report notification)	
For further informat	lon concerning this matter, please	e call:	
DANNY K. H	OOD	at ( 850 ) 623-8070	
Na	me of Person	Area Code & Daytime Telephone Number	<del></del>
Enclosed is a chec	k for the following amount:	•	
\$125.00 Filing Fee	\$130.00 Piling Fee & Certificate of Status	\$155.00 Filing Fee & S160,00 Filing Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	FR 26 PM 1:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIBABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is:

HOOD'S USED AUTO PARTS, LLC

ARTICLE II: ADDRESS

The mailing and street address of the principal office of the Limited Liability Company is:

Principal Office Address 7315 HWY 90 EAST MILTON, FL 32583 Mailing Address 7315 HWY 90 EAST MILTON, FL 32583

ARTICLE III: PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV: REGISTERED AGENT

The name and the Florida street address of the registered agent are:

DANNY K. HOOD 7315 HWY 90 EAST MILTON, FL 32583

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the certificate; I hereby accept the appointment as registered agent to act in this capacity. I further agree to comply with the provisions of all statues 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 603, F.S..

Registered Agent Signature (Required)

ARTICLE V: MEMBER(S) OR MANAGING MEMBER(S):

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

Title:

Name and Address:

MEM =Member

MGRM = Managing Member

MGRM

DANNY K. HOOD 7315 HWY 90 EAST MILTON, FL 32583

ARTICLE VI: EFFECTIVE DATE:

The effective date is to be April 1st, 2012.

REQUIRED SIGNATURE:

Signature of a member of an authorized representative of a member

(In accordance with section 608.408(3), Florida Statures, 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 in s.817.155, F.S.)

<u>DANNY K. HOOD</u> Typed or printed name of signee

