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COVER LETTER

TO: Registration Section

. Division of Corporations		
SUBJECT: US TIRE 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:		
WAYMON E. MEADOWS		
Name of Person		
US TIRE LLC		
Firm/Company		
404 RIDGEWOOD AVENUE		
Address		
DUNDEE, FLORIDA 33838		
City/State and Zip Code		
BIGW1937@AOL.COM		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
WAYMON E. MEADOWS at (863) 287-5981		
Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{		
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Cor	npany is:
US TIRE LLC	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
205 RIDGEWOOD AVE	404 RIDGEWOOD AVE
DUNDEE, FL 33838	DUNDEE, FL 33838
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as its business entity with an active Florida registration.	نى ئىل ئالىنى ئالىن
The name and the Florida street address	ss of the registered agent are:
WAYMON E. M	MEADOWS デーデー

Name

404 RIDGEWOOD AVENUE

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

DUNDEE

FL 33838

City, 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..

Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLETY- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing N	Member
MGR	WAYMON E. MEADOWS
	404 RIDGEWOOD AVENUE
	DUNDEE, FL 33838
(Use attachment if neces	sary)
LE V• Effective date if a	other than the date of filing: (OPTIONAL)
effective date is listed, the	date must be specific and cannot be more than five business days prio
0 days after the date of fil	ling.)
REQUIRED SIGNATU	JRE:
Signari	Day Months of a member.
constitutes an af	with section 608.408(3), Florida Statutes, the execution of this document ffirmation under the penalties of perjury that the facts stated herein are true any false information submitted in a document to the Department of State.

WAYMON E. MEADOWS

constitutes a third degree felony as provided for in s.817.155, F.S.)

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)