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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	LORIDA'S FI	NEST USED	Cars L		
	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:					
Lt	EE M GAUTH	IER			
	Na	me of Person			
P1	URINA'S FINES	T USED Cars	5 LLC		
	Fi	rm/Company			
/	13400 IRSI	ua Dr			
	ESTERO F City/S CAUTHIER CD MICH E-mail address: (to be used for 1	=L 33928			
	City/S	ate and Zip Code			
\mathcal{N}	E-mail address: (to be used for	value annual report notification	, com		
	on concerning this matter, please ca	•			
1					
<u>Lee M</u>	GAUTHIER a	315, 7306	<u>863 </u>		
Na	me of Person	Area Code & Daytime Teleph	one Number		
Enclosed is a check	for the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(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 Circ Tallahassee, FL 32301	cle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim	ited Liabili	ty Company is:			
	1	F.7.15C=	1111	C100	110

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

16343 STAMIAMITA

ARTICLE I - Name:

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

Mailing Address:

13400 IRSINA DR

FORT MYELS F1 33908	SSTERU FLORIDA 33928
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	the registered agent are:

Name

13400 Insing Dr

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

ESTEND FL 33928

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..

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Lee M Gauthien 13400 IRSINA Dr
	ESTERO E1 33928
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	
If an effective date is listed, the date must b o or 90 days after the date of filing.)	e specific and cannot be more than five business days prior
- · · · · · · · · · · · · · · · · · · ·	E CO B TO
REQUIRED SIGNATURE:	AASS
Sn	er or an authorized representative of a member.
Signature of a membe	er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor constitutes a third degree felon	8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
<u>Lee</u> Ty	M GAUTHIER pped 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)