

L12000059424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

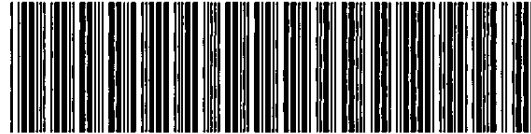
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700233040107

04/30/12- 01041--026 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 30 AM 8:32

FILED

J. SAULSBERRY
EXAMINER

MAY 2 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASH CORNER AUTO SALES 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:

PEARLIE BELL

Name of Person

CASH CORNER AUTO SALES LLC.

Firm/Company

P.O. BOX 567

Address

FT. PIERCE, FL 34954

City/State and Zip Code

BNYA1@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEARLIE BELL

Name of Person

at (772) 985-4817

Area Code & Daytime Telephone 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

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 Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 30 AM 8:32

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CASH CORNER AUTO SALES LLC.

(Must end with the words "Limited Liability 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:

1502 N 25TH STREET
STE. 1
FORT PIERCE, FL 34947

Mailing Address:

P.O. BOX 567
FT. PIERCE, FL 34954

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)

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

PEARLIE BELL

Name

668 SE RON RICO TERRACE

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

PT. ST. LUCIE, FL 34954

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..

Pearlie Bell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2012 APR 30 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

PEARLIE BELL
668 SE RON RICO TERRACE
PT ST LUCIE, FL 34983

MGRM

KIMBERLY PARKER
311 N 18th STREET
FT PIERCE, FL 34950

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 30 AM 8:32

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

Pearlie Bell

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.)

PEARLIE BELL

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)