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| (Re | equestor's Name) | | |
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| PICK-UP | WAIT | MAIL | |
| (Bu | usiness Entity Nam | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
| NAY :- 4 2012 | | | |
| L. SELLERS | | | |
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COVER LETTER

TO:

Registration Section 🖟

| | Division of Corporations |
|------|---|
| `• | SUBJECT: Foit Auto 110 |
| | SUBJECT: Epitone Auto 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: |
| | Scott M Pogar Name of Person |
| | Name of Person |
| | |
| | Firm/Company |
| | 3511 20 ^H Ave Ox W |
| | Address |
| | BRADWON FL 34205 |
| | BRADGERON FL 34205 City/State and Zip Code |
| | SCOTT 427E @ YAHOO. COM E-mail address: (to be used for future annual report notification) |
| | For further information concerning this matter, please call: |
| | |
| | Scott Pogar at (941) 704-0052 Name of gerson Area Code & Daytime Telephone Number |
| | . Name of Letson Area Code & Daytime Telephone Number . |
| | Enclosed is a check for the following amount: |
| | \$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{S160.00 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 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | s: |
|--|--|
| Epitone Auto LL | chility Company "LLC " or "LLC ") |
| | ibility 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: | Mailing Address: |
| 3511 20 ⁺² Ave On W BRADCWTON, FC 34205 | 3511 20th AVE DE W BEADENTION, FL 34205 |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repulsiness entity with an active Florida registration.) | |
| The name and the Florida street address of the | |
| Scott m | Pogar ne / |
| | • |
| 35/1 20th Ave . | Or ω address (P.O. Box NOT acceptable) FL 34205 State, and Zip |
| Bradeston | FI 34205 |
| City, | State, and Zip |
| Having been named as registered agent and t liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete | o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of al performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S |
| lester on the | One / |
| Registered Agent's Sign | |
| (CONTI | %≺ <u>*</u> |
| Page 1 c | of 2 |

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

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

| 'MGRM" = Managing Member | |
|-------------------------------|---|
| MGRM | Scott m Poga- |
| | 3511 20t AL D, W BRADGETON, FL 34205 |
| | • • • • • • • • • • • • • • • • • • • |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | · · · · · · · · · · · · · · · · · · · |

ARTIC (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:

Signature of a member of 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.)

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)