## 412000065554

(Re	equestor's Name)	-
(Ac	ddress)	<u> </u>
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	
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Office Use Only



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05/16/12--01001--011 \*\*25.00

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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

SECRETARY OF STATE

MAY 1 5 2012

T. HAMPTON

Duy Dang
Requester's Name

850 Capital Walk DR #2110

Address

Fallahassee | Fl 32303 85084589

City/State/Zip Phone #

	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
1. <u>GRUNTZ</u> AUTO 3- (Corporation Name)	TRANSMISSION
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
— Man out — Will Walt	— r hotocopy — — Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
☐ Profit	☐ Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	☐ Foreign
Fictitious Name	Limited Partnership
	Reinstatement Trademark
	Other

Examiner's Initials

CR2E031(7/97)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Gruntz Auto and Mansmission UC (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:  Mailing Address:
1745 N Monroe st Same Tallahassee Pl 32303
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 another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
DurDana
Name
Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Tallahasee FL 32203
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
decept the obligations of my position as registered agent as provided for the chapter ood, 1.5
As a
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

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

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

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Duy Dang	ESO Capital Walk D #2110 Taliahassee, FL 32303
1 GRM	Robert Purce(1	6405 stone street tr. Tallahassee Fl 32309
	(Use attachment if necessary)	
(If an o	CLE V: Effective date, if other than the date effective date is listed, the date must be spoon of days after the date of filing.)	te of filing: (OPTIONAL)  Decific and cannot be more than five business days prior
(If an o	CLE V: Effective date, if other than the date	
(If an o	CLE V: Effective date, if other than the date effective date is listed, the date must be sp 0 days after the date of filing.)  REQUIRED SIGNATURE:	
(If an o	CLE V: Effective date, if other than the date effective date is listed, the date must be spoon days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 608.408 constitutes an affirmation under the I am aware that any false informatic constitutes a third degree felony as	r an authorized epresentative of a member.  8(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated hereimare true. on submitted in a document to the Department of Statutes provided for in s.817.155, F.S.)
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