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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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# **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: DEEDONS AUTO, LLO	
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Denton Hyatt	, 
•	Name of Person
DEEDONS AUTO, LLC	
	Firm/Company
2089 NW 141st Street	·
	Address
Opa Locka, FL 33054	
Cit	y/State and Zip Code
F. mail address: (to be used to	for future annual report notification)
· ·	·
For further information concerning this matter, please	e call:
Denton Hyatt	at (786 ) 262-8827
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

# The Contract of the Contract o

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# DEEDONS AUTO, 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:	Mailing Address:
DEEDONS AUTO, LLC	DEEDONS AUTO, LLC
2089 NW 141st Street	7829 West Normandy Street
Opa Locka, FL 33054	Miramar, FL 33023

# 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:

Denton Hyatt

Name

7829 West Normandy Street

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

Miramar 33023

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)

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:

MGRM		Denton Hyatt
	_	7829 West Normandy Street
		Miramar, FL 33023
MGR	_	Derono Hyatt
		7829 West Normandy Street
		Miramar, FL 33023
	_	<del></del>
	_	
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LE.V: Effective d	ate if other than the	date of filing: (Filing Date) . (OPTIONAL
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(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.)

**Denton Hyatt** 

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)