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## COVER LETTER

TO: Registration S Division of Co		
SUBJECT: ASAF	Ford E250 05A,	LLC.
Sobject.		ted Liability Company
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.
Please return all corresp	ondence concerning this mat	ter to the following:
Richard I	R. Alexander, Es	squire
		Name of Person
The Alex	ander Law Practi	ce, P.A.
		Firm/Company
2700-C L	Jniversity Bouleva	rd West
<del></del>		Address
Jacksonvill	le, Florida 32217	
		ry/State and Zip Code
rick@alexa	nderlawpractice.com	
	E-mail address: (to be used	for future annual report notification)
For further information	concerning this matter, pleas	e call:
Richard R. Alexa	ander, Esq.	at (904 ) 400-6600
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy 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 is:				
ASAP Ford E250 05A, LLC	<b>D.</b>			
(Must end with the words "Limited	d 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:			
2700-C University Boulevard West	2700-C University Boulevard West			

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v	m	186	AA	 

700-C University Boulevard West Jacksonville, Florida 32217 Jacksonville, Florida 32217

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:

Richard R. Alexander, Esquire

Name

2700-C University Boulevard West

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

Jacksonville

<sub>FL</sub> 32217

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:

<u>Title:</u> "MGR" ≈ Manager "MGRM" = Managing Member	Name and Address:
MGRM	L. Dean
(Use attachment if necessary)	
CLE V: Effective date, if other than the flective date is listed, the date mustory days after the date of filing.)	he date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	12 RECIPE TO THE PARTY OF THE P
Signature of a mem	ber or an authorized representative of a member =
constitutes an affirmation und I am aware that any false info	der the penalties of perjury that the facts stated hereither true formation submitted in a document to the Department at the penalties of perjury that the facts stated hereither true formation submitted in a document to the Department at the penalties only as provided for in s.817.155, F.S.)
<del>-</del>	Alexander - Registered Agent

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)

Typed or printed name of signee