

L12000117407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

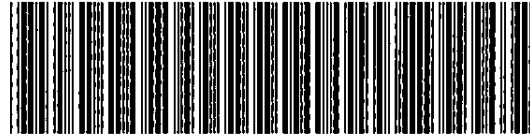
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800238774698

08/27/12--01036--017 **155.00

Effective Date

9/1/12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 27 AM 2:13

SEP 13 2012

T. HAMPTON

580444-011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Classic Automotive, 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:

Michael Greer or Lloyd Bedford

Name of Person

Classic Automotive

Firm/Company

5461 S. Florida Ave.

Address

Inverness, FL 34450-7267

City/State and Zip Code

deb_fnp@yahoo.com

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

For further information concerning this matter, please call:

Michael Greer or Lloyd Bedford

Name of Person

at (352)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

12 SEP 12 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 28, 2012

MICHAEL GREER OR LLOYD BEDFORD
5461 S FLORIA AVE
INVERNESS, FL 34450-7267

SUBJECT: CLASSIC AUTOMOTIVE, LLC
Ref. Number: W12000044685

We have received your document for CLASSIC AUTOMOTIVE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You can only list 1 person as your registered agent. Please remove either Michael Greer or Lloyd Bedford.,

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 212A00021993

Effective Date 9/1/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Classic Automotive, 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:

5461 S. Florida Ave

Inverness, FL

34450-7267

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:

Michael Greer ~~or Lloyd Bedford~~ 18

Name

5461 S. Florida Ave

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

Inverness

FL 34450-7267

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.

Michael Z Greer

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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12 AUG 27 AM 2:13

ARTICLE 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

~~Lloyd Bedford~~ *LB*
5461 S. Florida Ave
Inverness, FL 34450-7267

MGR

Michael Greer
5461 S. Florida Ave
Inverness, FL 34450-7267

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/1/2012. (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:


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.)

Michael Greer
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)

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