# 112000125048

(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



400240001644

09/28/12--01010--010 \*\*125.00

ZUIZ SEP 28 AM 86 30

J. SAULSBERRY EXAMINER

OCT 1 2012

# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Southwest Florida I	Honda Dealers Assoc., LLC		
Name of	Limited Liability Company		
The enclosed Articles of Organization and fee(	s) are submitted for filing.		
Please return all correspondence concerning this	is matter to the following:		
William Arthur Long			
	Name of Person		
Port Charlotte Honda			••
	Firm/Company		
1252 Tamiami Trail			_
	Address		
Port Charlotte, Florida 3	3953	TAT S	201
	City/State and Zip Code		2012 SEP
blong0509@gmail.com	used for future annual report notification)	ASE.	F 28
For further information concerning this matter,	·	3 1238 30 A le	d
Mimi LaHurd	at ( 813 ) 287-8177	STAI	AM :89 30
Name of Person	Area Code & Daytime Telephone Number	<u> </u>	30
Enclosed is a check for the following amou	unt:		
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of State		Status &	
Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	ations Division of Corporations Clifton Building		

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE'I - Name:

The name of the Limited Liability Company is:

# Southwest Florida Honda Dealers Assn., 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:	
1252 Tamiami Trail	1252 Tamiami Trail	
Port Charlotte, Florida 33953	Port Charlotte, Florida 3395	3
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of	Registered Agent. You must designate an indivi-	
William Arthur Long		P 28
Name		15.1
1252 Tamiami Trail		AM 89 30 OF STATE
Florida stre	et address (P.O. Box NOT acceptable)	SE &
Port Charlotte	<sub>FL</sub> 33953	30 A
Ci	ty, 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

RTICLE IV- Manager(s) or Mana he name and address of each Mana	ger or Managing Member is as	follows:	y profes
i <u>tle:</u> MGR" = Manager 1GRM" = Managing Member	Name and Address:		J. S. C.
ŧ		سامال:	
GR	William Arthur Long	<i>_</i>	•
<u>k</u>	1252 Tamiami Trail	- Andrews	
	Port Charlotte, Florida 339	3	
GRM	Bob Kennedy Ed wards	<b>5</b>	28
SKIVI	370 Dayis Bu	T FE	- ₹
	LO DIES TI 2411		2012 357
_	tapes, i.e. or	CO.E.	28
		<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	,
			AM 89 30
•			( co
		22	ု ညို
<del></del>			
		<u></u>	
(Use attachment if necessary)			
•			
LEV: Effective date, if other than the		(OPTIO)	
fective date is listed, the date must	be specific and cannot be more	than five business d	ays prior
days after the date of filing)			
REQUIRED SIGNATURE:			
		0	
William	a. L. 1		
William	n onther de	mg	
Signature of a memi	ber or an authorized representative	ova member.	
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the executer the penalties of perjury that the factormation submitted in a document to the submitted for in s.817.155, F.S.)	its stated herein are true. he Department of State	
1	PRTHUN LONG 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)