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Special Instructions to Filing Officer:

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EXAMINER

Office Use Only



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COVER LETTER

TO: **Registration Section** Division of Corporations SOUTHERN BOYZ GARAGE 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: GREGORY SCOTT Name of Person Firm/Company 4001 SILVER STAR RD Address ORLANDO FL 32808 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **GREGORY SCO** Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: **□**\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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	SECULA HASS
SOUTHERN BOYZ GARAGE LLC	mg P
(Must end with the words "Limited Liab	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4001 SILVER STAR RD	4001 SILVER STAR RD
ORLANDO FL 32808	ORLANDO FL 32808
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	tered Agent. You must designate an individual or another
GREGORY SCOTT	egistered agent are
Name	
4001 SILVER STAR RD	drage (B.O. Day NOT accounts blo)
	dress (P.O. Box <u>NOT</u> acceptable)
ORLANDO	_{FL} 32808

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 (REOUIRED)

(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:

Title:	Name and Address:	3
"MGR" = Manager		7-3 8
"MGRM" = Managing Member		ELLEGAS OF THE PARTY OF THE PAR
MGRM	GREGORY SCOTT	SEP P
	2225 WOODWIND DR	
	ORLANDO FL 32808	
MGRM	ROBERT RACKARD	# -
IVIGRAVI	1401 MOSELLE AVE	
	ORLANDO FL 32808	
MGRM	HORATIO MCMILLEN	
MGRM	1301 HAWKNEST AVE	
	GROVELAND FL 34736	
1	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
(Use attachment if necessary)		
-		
CLE V: Effective date, if other than th	-	(OPTIONAL)
effective date is listed, the date mus	st be specific and cannot be mor	re than five business days
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.)

GREGORY SCOTT

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)