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SCERETARY OF STATE

J. SAULSBERRY EXAMINER JAN 0 1 2013

COVER LETTER

TO:			n Section Corporations		
SUBJE	гст.	Bill	's Auto Resto	oration LLC	
SUDJE	SC1;		Name of I	Limited Liability Company	
The en	closed	Article	s of Organization and fee(s)	s) are submitted for filing.	
Please	return	all corr	espondence concerning this	s matter to the following:	
	Wi	lliar	m J. Moore		
				Name of Person	_
		·		Firm/Company	
	20	31	Massachuse	etts AVE NE	
			•	Address T	_
	St.	Pe	tersburg, FL	Address 1 33703 City/State and Zip Code	
			<u> </u>	City/State and Zip Code	, , }
	bills	rest	orations@verizo		
			•	· · · · · · · · · · · · · · · · · · ·	
For fur	ther in	formati	on concerning this matter, p	please call:	æ 10
Wil	liar	n J	. Moore	_{at (} 727) 528-0329	
		Na	me of Person	Area Code & Daytime Telephone Number	
Enclos	sed is	a chec	k for the following amou	unt:	
⊒ \$125.	.00 Fi	ling Fe	e □\$130.00 Filing Fee Certificate of State	•	
			Mailing Address Registration Section Division of Corporat P.O. Box 6327 Tollobasses, FL 3231	ntions Division of Corporations Clifton Building	

Taliahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	is:
Bill's Auto Restoration LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3188 24th Ave N - Unit A	2031 Massachusetts Ave NE
St. Petersburg, FL 33713	St. Petersburg, FL 33703
business entity with an active Florida registration.) The name and the Florida street address of t William J. Moore No. 2031 Massachusetts Ave NE	he registered agent are: The second agent agent are: The second agent ag
	t address (P.O. Box NOT acceptable)
St. Petersburg	元 33703 元 5
City	y, State, and Zip
liability company at the place designated registered agent and agree to act in this call statutes relating to the proper and com	It to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as spacity. I further agree to comply with the provisions of plete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:
"MGR" = Manager	
"MGRM" = Managing Memb	er
MGRM	William J. Moore
	2031 Massachusetts Ave NE
	St. Petersburg, FL 33703
MGRM	Sandra M. Moore
MGRM	2031 Massachusetts Ave NE
	St. Petersburg, FL 33703
	Cit Federal g, 12 00100
LE V: Effective date, if other ffective date is listed, the da	than the date of filing: use filing date
	than the date of filing: use filing date
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