

L13000003610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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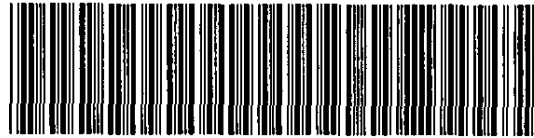
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
13 JAN - 7 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 JAN - 7 AM 10:39

FILED

N. Culligan JAN - 8 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** KATIE WONSCH

**DATE:** 01/07/2013

**REF. #:** 001893.178962

**CORP. NAME:** SOUTHERN AUTO CARE, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 102883 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

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STATE of FLORIDA  
LIMITED LIABILITY COMPANY  
ARTICLES OF ORGANIZATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I:** The name of the limited liability company is **SOUTHERN AUTO CARE, LLC**.

**ARTICLE II:** The mailing address and street address of the principal office of the limited liability company is 4301 South Flamingo Road, Suite 106-123, Davie, Florida 33330 in Broward County.

**ARTICLE III:** The address of the limited liability company's registered office in the state of Florida is 515 East Park Avenue, Tallahassee, Florida 32301 in Leon County.

The name of the limited liability company's registered agent at such address in the state of Florida is **NRAI SERVICES, INC.**, a Florida corporation.

**ARTICLE IV:** The period of duration of the limited liability company shall be perpetual from the date of issuance of the Articles of Organization by the Division of Corporations in the state of Florida.

**ARTICLE V:** The limited liability company is to be manager managed. The name and mailing address of the manager (MGR) of the limited liability company is **LAUGHTER INTO STITCHES, LLC**, 4301 South Flamingo Road, Suite 106-123, Davie, Florida 33330 in Broward County.

The undersigned has executed this Articles of Organization of **SOUTHERN AUTO CARE, LLC** on this 7<sup>th</sup> day of January, 2013.

By: Katie Wonsch  
Katie Wonsch,  
Authorized Representative

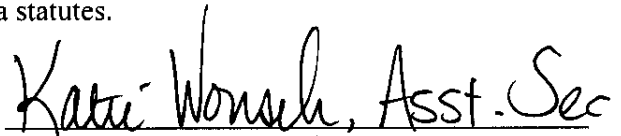
CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Florida statutes Sections 608.415 and 621.13(2), the undersigned Company, organized pursuant to the laws of the state of Florida, submits the following statement designating the registered agent/registered office in the state of Florida.

1. The name of the Company is  
**SOUTHERN AUTO CARE, LLC.**
2. The name and address of the registered agent and office is:

Attention: **NRAI SERVICES, INC.**  
515 East Park Avenue  
Tallahassee, Florida 32301.

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 in Chapter 608 of the Florida statutes.

  
Registered Agent

Date: January 7, 2013

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TALLAHASSEE, FLORIDA