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•
(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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LUKE IANY OF STATE

K.SALY EXAMINER JAN 1.7 2013

COVER LETTER

TO:	Registration S Division of Co				
~	Duva	al Auto Whole	sale. LL0		
SUBJ	ECT:		ed Liability Compa		
The en	closed Articles of	Organization and fee(s) are s	submitted for filing	,	
		ondence concerning this matter			
1 10030			er to the following	•	
	Chery	T. Whisnant	Name of Person		
		uto Wholesal			
	Duvair	uto vinoicsai	Firm/Company	······································	
	11318 \	Noodsong Lo	op South	า	
			Address		
	Jackson	nville, Florida	32225		
	atuio®a	•	y/State and Zip Code	3	
	<u>ctwjcw@c</u>	omcast.net E-mail address: (to be used f	or future annual repo	ort notification)	
For fu	ther information	concerning this matter, please	call:		
Ch	eryl T. V	Vhisnant	, 904	,568-05	53
	Name	of Person	Area Code	& Daytime Telepho	one Number
Enclo	sed is a check fo	or the following amount:			
□ \$125	.00 Filing Fee	■\$130,00 Filing Fee & Certificate of Status	□\$155.00 Filin Certified Co (additional cop	py (y is enclosed) (1160.00 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	Registrat Division Clifton E	ourier Address ion Section of Corporations Building ecutive Center Circ	:le

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	::	FFECTIVE DATE
Duval Auto Wholesale, LLC		
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
9121 Atlantic Blvd.	11318 Woodsong Loop South	
Jacksonville, Florida 32211	Jacksonville, Florida 32225	
The name and the Florida street address of the Cheryl T. Whisnant	registered agent are:	13 JAN 16 PM
Nam	e	一調を
11318 Woodsong Loop South		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Florida street a	ddress (P.O. Box NOT acceptable)	TO
Jacksonville	_{FL} 32225	95
City, S	State, and Zip	
	accept service of process for the	

(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:

	= Manager " = Managing Member	Name and Address:
MGRM		Cheryl T. Whisnant
		11318 Woodsong Loop South
		Jacksonville, Florida 32225
MGRM		Jocelyn R. Whisnant
		4544 Monument Point Orive
		Jacksonville, Florida 32225
	· · · · · · · · · · · · · · · · · · ·	
		**
	·	
(Use atta	chment if necessary)	
CLE V: E		e must be specific and cannot be more than five business
CLE V: E effective of to or 90 da	date is listed, the date	e must be specific and cannot be more than five business
CLE V: E effective of to or 90 da	date is listed, the date by after the date of file the date of file the date of the date o	nan the date of filing: January 15, 2013 (OPTIONAL) the must be specific and cannot be more than five business ing.) The most be specific and cannot be more than five business ing.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Cheryl T. Whisnant

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee