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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Autographia L.L. C. 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: $\frac{1}{2}$				
Name of Person				
2555 PGA BIVO 4419				
Palm Beach Gardens FL, 331				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Alau Wliss at 516 445 899 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
□\$125.00 Filing Fee  □\$130.00 Filing Fee & Certificate of Status  □\$155.00 Filing Fee & Certificate of Status  □\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	mpany is:	
Autogra	aPhia	L.L.C.
(Must end with the words "L	imited Liability Compa	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addres	s of the principal	l office of the Limited Liability Company is
Principal Office Address:	Mail	ling Address:

Principal Office Address:	Mailing Address:
ZSSSPGA Blvd	ZSSS PGA BIVD #419
#419	Falm Beach Gasden'S FL, 33-110
Pain Beuch Garden	5
FL1 33410	
ARTICLE III - Registered Agent Pegistered	Office & Degistered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

**ARTICLE I - Name:** 

Palm Beach Gardwift 33410

City, 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..

Register HAgent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
DIVILLINGE CORPORATIONS

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member MGRM" = Managing Member Alan Wits ZSSS PGA BIVO #419 ZSSS PGA BIVO #419 Paim Beach Gordins FL ZSSS PGA BIVO #419

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_\_\_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior 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.)

constitutes a third degree felony as provided for in s.817.155, F.S.)

Alan Weiss

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)