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	(Requestor's Name)			
	(Address)			
•	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	WAIT MAIL			
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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COVER LETTER

то:	Registration S Division of Co			
SUBJE	CT: <u>D &^</u>	J T Auto Sales Name of Limite	LLC · · · · · · · · · · · · · · · · · ·	
The end	elosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please r	eturn all corresp	ondence concerning this matte	er to the following:	
-	Alvin M	· Bishop	Name of Person	
		ď	Name of Person	13 T
-			Firm/Company	R 25
	129° S	antee D.		SEE P
	·		Address	SE PER SE
	Panama	City FL	Address 3240 4 y/State and Zip Code) REAL TO
_	Mr. T	Sishopos & ya E-man address: (to be used t	hoo. Como future annual report notification)	
For furt	ther information	concerning this matter, please	call:	
<u> A</u>	Name	Bishop of Person	_ at (_ %5 0) _ & 9 0 5 0 Area Code & Daytime Telepl	none Number
Enclos	sed is a check f	or the following amount:		
□\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassec, FL 32301	rcłe

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Dand T Auto Sales (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
129 Santee Dr. Panama City Fu. 32404	704 3: Tyndall pkny Panama City, FL. 32404
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Aluin Bishop	
129 Santee T Florida street addr	ress (P.O. Box NOT acceptable)
- Panama City City, Sylvi	FL 32404 Etc, and Zip
liability company at the place designated in the registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited as is certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with sistered agent as provided for in Chapter 608, F.S
Rogistered Agent's Signatu	ire (REQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGR	Alvin M. Bishop 129 Santee Dr. Panama City, FL. 32404
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: 5-1-13 (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 momber 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.)

M. Bishop

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)