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SECRETARY OF STATE DIVISION OF CORPORATION

JUN 1 0 2013 T. HAMPTON

COVER LETTER

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SUBJECT:	SIX Stars Auto Sales Name of Limited Liability Company
The enclosed Ar	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Robert Keith Morgan Name of Person
	Six Stars Auto Sales
-	160 6th CT SW
	Vero Beach FL 32962 City/State and Zip Code
	E-mail address: 40 be used for future annual report notification)
For further infor	mation concerning this matter, please call:
Robert	Name of Person at (561) 542-9322 Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
□\$125.00 Filin	g Fee \$\sum_\$\$130.00 Filing Fee & Certificate of Status \$\sum_{\text{(additional copy is enclosed)}}\$\$ \$\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTellaharana FI 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SIX Stars Au (Must end with the words "Limited Liability	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:
2030 Old Dixie Highway SE Bay 1 Vero Beach FL 32962	Vero Beach FL 32962
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	gistered agent are:
Robert Keith Name	<u>Morgan</u>
160 6th CT Florida street addre	ess (P.O. Box NOT acceptable)
Vero Beach City, State	FL 82962 e, and Zip
liability company at the place designated in th 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 is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S.
Registered Agent's Signatur	re (REQUIRED)
(CONTINU	ED)
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ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Robert Keith Morgan 160 6th CT SW Vero Beach FL 32962
MGRM	Wilven Julmiste 119 Bellamy Trail Sebastian FL 32958
 	
(Use attachment if necessary)	
ICLE V: Effective date, if other than t	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business)
REQUIRED SIGNATURE:	
RXX	t mon

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florid 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.)

Robert Keith Morgan
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)

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