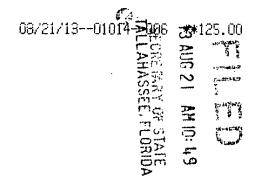
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T SHINGLE WILL S S SULZ

COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Deals on wheels of Gainesville, 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:
Chris Rivenbark Name of Person
Deals on wheels of barneville, L.L.C.
3920 NW 32 nd 5+.
Address
Garnerville, FL 32605
Generalle, FL 32605 City/State and Zip Code Creative - finance @ hot was 1.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chris Rivenbark at 352, 281-2098 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy #fenclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
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The name of the Limited Liability Company is:

Deals on wheels of bainesville, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

	<u>Princi</u>	pal	Office	• Add	ress:
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3920 NW 32 0 St 60:005 11e, FL 32605

Mailing Address:

3920 NW 32 0 5+ Gainerville, FL 32605

ARTICLE III - Registered Agent, Registered Office, & Registered 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:

Christopher Smith Rivenbark

Name

3920 NW 32 25 +

Florida street address (P.O. Box NOT acceptable)

Gainesville FL 32605
City, State, and Zip

13 AUG 21 AH 10: 49
SEURE PARY OF STATE
TALLAHASSEE, FLORIDA

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	
MGR		Christopher Smith Rivenbar 3920 NW 325 St Gainesville /FL 32605	k
<u> </u>			
			
(Use attachmer	nt if necessary)		
n effective date is	e date, if other than the	e date of filing: (OPTION t be specific and cannot be more than five busin	NAL) ness da
ICLE V: Effective date is	re date, if other than the listed, the date must er the date of filing.)	t be specific and cannot be more than five busing	iess da
ICLE V: Effective date is to or 90 days aft REQUIRED S	re date, if other than the slisted, the date muster the date of filing.) SIGNATURE: Signature of a member of a member of a member of a member aware that any false information under aware that any false information and are that any false information under aware that any false information under the same are that any false information under the same are that any false information under the same are the same are that any false information under the same are	er or an authorized representative of a member. 3.408(3). Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are time.	NAL) ness da

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

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