

L13000121328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

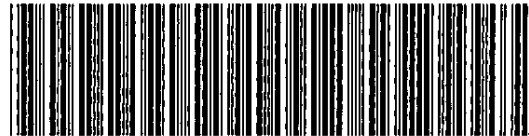
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W13-45059

EFFECTIVE DATE 09/01/13



400250162434

08/12/13--01025--006 **125.00

FILED
2013 AUG 26 PM 4:06
SECRETARY OF STATE
TALLAHASSEE FLORIDA

AUG 27 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2013

MELANIE C. TRICHE
2220 COUNTY ROAD 210 WEST
SUITE 108, BOX 304
JACKSONVILLE, FL 32259

SUBJECT: AST IMPORTS, LLC
Ref. Number: W13000045059

We have received your document for AST IMPORTS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 713A0001932

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TALLAHASSEE FLORIDA

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AST Imports, LLC

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:

Melanie Triche

Name of Person

AST Imports, LLC

Firm/Company

2220 County Road 210 West, Suite 108, Box 304

Address

Jacksonville, FL 32259

City/State and Zip Code

mel.triche@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Triche

Name of Person

at (**904**) **400-4862**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AST Imports, LLC

(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:

Principal Office Address:

2220 County Road 210 West

Suite 108, Box 304

Jacksonville, FL 32259

Mailing Address:

2220 County Road 210 West

Suite 108, Box 304

Jacksonville, FL 32259

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:

Melanie C. Triche

Name

243 Holland Drive

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

Saint Augustine, FL 32095_{FL}

City, State, and Zip

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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..

Melanie C. Triche
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 09/01/13

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

Name and Address:

MGRM

Melanie C. Triche

2220 County Road 210 West, Suite 108, Box 304

Jacksonville, FL 32259

MGRM

Amanda K. Simmerman

2220 County Road 210 West, Suite 108, Box 304

Jacksonville, FL 32259

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 1, 2013. (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.)

Melanie C. Triche

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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