L13000129651

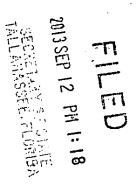
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200251525292

09/12/13--01016--015 **130.00



SEP 1 3 2013 J. BRYAN

COVER LETTER \mathcal{F}

TO: Registration Section Division of Corporations
SUBJECT: JAPANESE AND EUROPEAN MOTORCARS 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:
John Mc Campbell Name of Person
JAJANESE And European Motorcas LLC Firm/Company
1430 Cesery Tez Dreksonville, FL 32211
•
City/State and Zip Code
Tackson ville FL 32211 City/State and Zip Code Japan ELE Euro pero motors a yahao. Lom E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Sorian Alvarez at 904 534.4108 Name of Person Area Code & Daytime Telephone Number
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certificate of Status & Certificate o
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
SAPANELE And Euc (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of Principal Office Address:	f the principal office of the Limited Liability Company is:
1430 Cesely TER Jackhonville FL 32211	1430 Cesely Ter DACKSONDILLE FL 32211
	sistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another

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

JORINAN Alvarez

Name

1430 Cesery TeR.

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

Sackyon ville FL 322-11

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
1.10 M	
MGRM	John McCAmpbell
	Treksonville Fr 32225
MBR	JORDAN Albarez
	319 St Ave N
	JACKGOON VILLE BEACH, FL 32
(Use attachment if necessary)	
LE V: Effective date, if other than the	date of filing: (OPTIONAL)
ffective date is listed, the date must	t be specific and cannot be more than five business da
or 90 days after the date of filing.)	•
REQUIRED SIGNATURE:	1 2 1-
Do	State
//	r or an authorized representative of a member.
Signature of a membe	

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)