

L13000133920

(Requestor's Name)

(Address)

(Address)

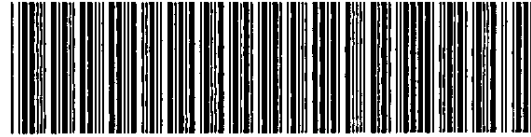
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



400249988054

08/15/13--01005--007 **155.00

Special Instructions to Filing Officer:

Joel
ALL INFORMATION CONTAINED TO
CORRECT *eff date*
DATE *9/23/13*
TCC EXAM

Office Use Only

FILED

2013 AUG 15 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Guffigan SEP 23 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARTS 911, 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:

JOEL PFEIFFER

Name of Person

PARTS 911, LLC

Firm/Company

3995 PEMBERLY PINES CIR

Address

ST. CLOUD, FL 34769

City/State and Zip Code

jpfeiffer@pecas911.com

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

For further information concerning this matter, please call:

JOEL PFEIFFER

Name of Person

at (**732**) **341-2498**

Area Code & Daytime Telephone Number

Enclosed is a check for 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 Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2013

JOEL PFEIFFER
3995 PEMBERLY PINES CIRCLE
ST CLOUD, FL 34769

SUBJECT: PARTS 911, LLC
Ref. Number: W13000045809

We have received your document for PARTS 911, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 15, 2013. Please amend your document accordingly.

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.

Jeraline Saulsberry
Regulatory Specialist II

Letter Number: 613A00019630

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PARTS 911, 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:

Mailing Address:

3995 PEMBERLY PINES CIR
ST. CLOUD, FL 34769

3995 PEMBERLY PINES CIR
ST. CLOUD, FL 34769

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:

JOEL PFEIFFER
Name

3995 PEMBERLY PINES CIR
Florida street address (P.O. Box **NOT** acceptable)

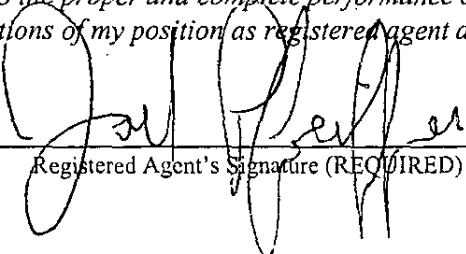
ST. CLOUD FL 34769
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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

OSCAR MOREIRA

3995 PEMBERLY PINES CIR

ST. CLOUD, FL 34769

MGRM

JOEL PFEIFFER

3995 PEMBERLY PINES CIR

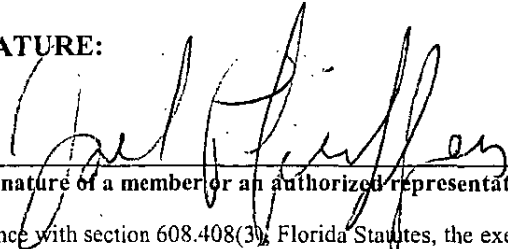
ST. CLOUD, FL 34769

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/08/13 (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.)

JOEL PFEIFFER

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG 15 PM 12:27

FILED

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)