

L13000153757

10/31/13

Division of Corporations

**Florida Department of State
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jandj53@yahoo.com

**FLORIDA LIMITED LIABILITY CO.
V & J Auto Sales LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 1 2013

EXAMINER

H13000241642

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **V & J Auto Sales LLC**

ARTICLE II - Address

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

Principal Office Address:

1544 Market Circle #1009

Port Charlotte, FL 33953

Mailing Address:

10847 SW Cypressbend Avenue

Arcadia, FL 34269

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Jon I. Levin

Name

10847 SW Cypressbend Avenue

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Arcadia, FL 34269

(City / State / Zip)

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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 - Jon I. Levin

ARTICLE IV - Manager(s) or Managing Member(s):

H13000241642

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

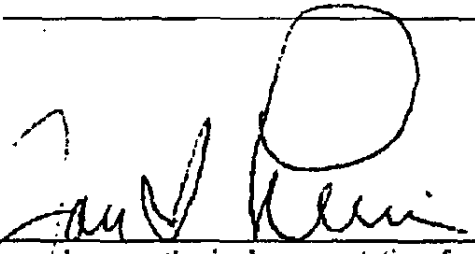
Jon I. Levin - 10847 SW Cypressbend Avenue, Arcadia, FL 34269

MGRM

Judy V. Levin - 10847 SW Cypressbend Avenue, Arcadia, FL 34269

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Jon I. Levin

Typed or printed name of signee

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