L14000005801

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Openias instructions to 1 lining Officer.

Office Use Only



500255133705

Effective Date Jan. 011 2014

01/06/14--01012--022 **130.00

TIL TO

14 JAN -6 AM 9: 12

SEGRETARY OF STATE
SEGRETARY OF STATE

T. Burch JAN 1-3: 200

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Flawless Automotive 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:
George Iwanow IV Name of Person
Firm/Company
6308 Panther Ln-Apt. N1
Fort Myers FL, 33919 City/State and Zip Code Twanow. George P vahoo. Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
George Iwan at (239) 834-2222 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:								
The name of the Limite	d Liability Company is	s:						
Flo	rwless 1	Automo	tive	LLC.				
(1)	Just end with the word	ls "Limited Liability	Company, "	L.L.C.," or 'LL	C.")			
ARTICLE II - Addres	:							
The mailing address an	d street address of the 1	principal office of th	ne Limited Li	ability Company	y is:		.).	
Principal Office Addr	ess:	Mailing Addr	ess:	Effective	Date (200	, 01	الايلا
12541 Me	tro Parkway	uni+#11	6308	Panther 1	n. A.	+. N	1	
Fort My	es F4 33966	·	Fort M	ves Fl,	33919	,		
ARTICLE III - Regist (The Limited Liability another business entity	Company cannot serve	as its own Register			e en individ			'n
The name and the Flori		registered agent are			ECRETA LLAHAS	14 JAN -1	I	
	6308 Pans				RY OF	6 AM	m	
	Florida street address City				OF STATE	9: 12	O	•
	City	, 	Zip	-	\triangleright	. •		
Having been named as	registered agent and to	accept service of p	rocess for the	above stated l in	nited liabilit	у сотра	any at	

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u> </u>	Name and Address:
'AMBR" = Authorized Member	
MGR" = Manager M 6 Q	George Iwanow II
	6308 Panther Ln. Apt. N1
	Fart Myes FL, 33919
	A S
	E R
	3
V: Effective date, if other than the dative date is listed, the date must be	1/1/11
V: Effective date, if other than the dative date is listed, the date must be filling.)	ate of filing:
V: Effective date, if other than the dative date is listed, the date must be filling.)	ate of filing:
Use attachment if necessary) C.V: Effective date, if other than the detrive date is listed, the date must be filling.) C.VI: Other provisions, if any.	ate of filing:
V: Effective date, if other than the dative date is listed, the date must be filling.) VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and caunot be more than five business days prior to or 90 day
V: Effective date, if other than the date date is listed, the date must be filling.) VI: Other provisions, if any. EFOUIRED SIGNATURE:	ate of filing:
V: Effective date, if other than the date is listed, the date must be filling.) VI: Other provisions, if any. EFOUIRED SIGNATURE: Signature of a 1 (In accordance with sections)	ate of filing:
CV: Effective date, if other than the dative date is listed, the date must be filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a 1 (In accordance with section constitutes an affirmation)	ate of filing:
V: Effective date, if other than the dative date is listed, the date must be filling.) VI: Other provisions, if any. EFOUIRED SIGNATURE: Signature of a 1 (In accordance with section constitutes an affirmation I am aware that any false	nate of filing:
V: Effective date, if other than the dative date is listed, the date must be filling.) VI: Other provisions, if any. EFOUIRED SIGNATURE: Signature of a 1 (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State follows as provided for in s.817.155, F.S.)
V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a 1 (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State flory as provided for in s.817.155, F.S.)
V: Effective date, if other than the dative date is listed, the date must be filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a 1 (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State follows as provided for in s.817.155, F.S.)

Page 2 of 2