

L140 00014234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

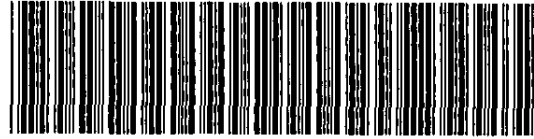
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/04/13--01026--022 **125.00

RECEIVED
13 OCT 16 PM 3:21
TALLAHASSEE, FL 32310

J. Shivers JAN 28 2013

625



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2013

LARRY CALLOWAY
2405 DOBBS RD UNIT C
ST AUGUSTINE, FL 32086

SUBJECT: ALL ABOUT SMILES AUTOMOTIVE LLC
Ref. Number: W13000061284

We have received your document for ALL ABOUT SMILES AUTOMOTIVE 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00025676

4 Jan 2014

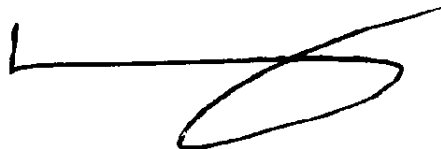
Consent Request to Use name All About Smiles Automotive LLC

Mr. Shivers,

My name is Walter Nemecek and am the sole officer and owner of All About Smiles Automotive Inc, document # P12000053001. I hereby give permission for All About Smiles Automotive LLC to use the name. All About Smiles Automotive in all business and legal activities. I talked to Nerette on Friday in the LLC department and she informed me this was all I needed to do to get the ball rolling again. If there are other questions that need answering, please call me @ 904-669-3830 or email nemecek w1@bellsouth.net or mail to 13 St Johns Medical PK Dr. 32086, St. Augustine FL.

Thank you,

Walt Nemecek



(850) 245-6051

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All About Smiles Automotive 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:

Larry Calloway

Name of Person

Firm/Company

2405 Dobbs Rd Unit C

Address

St Augustine, FL 32086

City/State and Zip Code

allaboutsmilesauto@gmail.com

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

For further information concerning this matter, please call:

Shane Calloway

Name of Person

at

904, 377-2624

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

13 OCT 16 PM 2:03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All About Smiles Automotive LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2405 Dobbs Rd Unit C
St. Augustine, FL 32086

Mailing Address:

same

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:

Walt Nemecek

Name

13 St. Johns Medical PK Dr.

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

St. Augustine FL 32086

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.

[Signature]
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:

MGR

Larry Shane Calloway
801-1 S. Holmes Blvd.
St. Augustine, FL 32084

MGRM

Marion (Bo) Padgett
2927 Usina Rd Ext
St Augustine, FL 32084

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 16 Oct 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 608.403(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.)

Larry Shane Calloway
Typed or printed name of signer

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)