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Special Instructions to F	Filing Officer:	
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Office Use Only



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REGGETARY OF STATE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2014

ANTHONY SWAN 1746 DONNA RD WEST PALM BEACH, FL 33409

SUBJECT: TIRE GUY, LLC. Ref. Number: W14000002433

We have received your document for TIRE GUY, LLC. and your check(s) totaling \$160.00. 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 the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P99000090961.

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.

Agnes Lunt Regulatory Specialist II

Letter Number: 814A00000838

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	FCT. Tire Guy					
5000		Limited Liabi	lity Company	· · · ·		
The en	sclosed Articles of Organization and fee(s	) are submitte	d for filing.			
Please	return all correspondence concerning this	matter to the	following:			
	Anthony Swan					
		Name of	Person			
	Tire Guy				2014 MAR 12 SECNETAR SALLAHASS	*~Q
		Firm/Co	ompany			
	1746 Donna Rd				2 PA	
		Addı	ress		STATE STATE	Ţ
	West Palm Bead	h, FL	33409		- REF - <b>95</b>	
	a12240=v@amail.com	City/State ar	nd Zip Code			
	s13240zx@gmail.com  E-mail address	: (to be used f	or future annual repo	rt notification)	<del></del>	
For fur	ther information concerning this matter, p	lease call:				
An	thony Swan	,561	542-874	0		
	Name of Person	Area Code	Daytime Teleph	none Number		
Enclos	ed is a check for the following amount:					
\$125.0	00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	Certif	00 Filing Fee & fied Copy al copy is enclosed)	\$160.00 File Certificate of Certified Co (additional cop	of Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
(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:  1140 Donno Rd  WSF Falm Brach  WSF Falm Brach	
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 por another business entity with an active Florida registration.)	-
The name and the Florida street address of the registered agent are:  ANHONY SWON  Name	
Florida street address (P.O. Box NOT acceptable)	
West tolm beach FL 33409 Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this	

Having been named as registered agent and to accept service of process for the above stated limited liability company a 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)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Anthony Swan
	330 Crestwood Cir #203
	Royal Palm Beach, FL 33411
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	ling: 1/1/2014 (OPTIONAL)
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E V: Effective date, if other than the date of fictive date is listed, the date must be specifif filling.)  E VI: Other provisions, if any.	
EV: Effective date, if other than the date of fictive date is listed, the date must be specific filling.)	
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E V: Effective date, if other than the date of fictive date is listed, the date must be specific filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature if a member (In accordance with section 605.	er of an authorized representative of a member.
E V: Effective date, if other than the date of fictive date is listed, the date must be specific filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature if a member (In accordance with section 605, constitutes an affirmation under	er of an authorized representative of a member.  20203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
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Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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