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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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MAR 28 2014 T CLINE

COVER LETTER

TO:	Registration Division of C	i Section Corporations		
SUBJE	CCT: Carlson	Automotive, LLC Name of Lin	mited Liability Company	
The end	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this n	natter to the following:	
	Marc L Ca	atalano	Name of Person	
	Carlson A	utomotive, LLC		
			Firm/Company	
	11935 SW	/ 15th Ct.	Address	2014
			Address	1 MR 2
	Davie, FL			25
		(City/State and Zip Code	,~ 1 → 1
<u>ma</u>	rc.cat@comca	st.net		
		E-mail address: (to be use	ed for future annual report notifica	ation)
For furt	ther informatio	n concerning this matter, ple	ase call:	Şm 1
Marc L	Catalano	at (786) 229-7730	
	Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclose	ed is a check fo	or the following amount:		
] \$125.00	0 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)
		iling Address	Street/Courier Add	ress
		sistration Section	Registration Section Division of Corpora	tions

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Carlson Automotive, LLC	
	nited Liability Company, "L.L.C.," or "LLC.")
A DETICLE M. A Library	
ARTICLE II - Address: The mailing address and street address of the princip	and office of the Limited Liability Company is:
The maning address and succe address of the princip	at office of the Elithica Elability Company is.
Principal Office Address:	Mailing Address:
Road	
372 Shadeville (Iwy), Crawfordvile, FL 32327	11935 SW 15th Ct,, Davie, FL 33325
	- ; .
(The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an in
ARTICLE III - Registered Agent, Registered Offi (The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	own Registered Agent. You must designate an in ration.)
(The Limited Liability Company cannot serve as its	own Registered Agent. You must designate an in ration.)
(The Limited Liability Company cannot serve as its canother business entity with an active Florida registr	own Registered Agent. You must designate an in ration.)
(The Limited Liability Company cannot serve as its canother business entity with an active Florida registrement and the Florida street address of the registrement Marc L Catalano	own Registered Agent. You must designate an in ration.)
(The Limited Liability Company cannot serve as its canother business entity with an active Florida registrement and the Florida street address of the registrement Marc L Catalano	own Registered Agent. You must designate an in ration.) ered agent are:
(The Limited Liability Company cannot serve as its canother business entity with an active Florida registrement and the Florida street address of the registrement Marc L Catalano N	own Registered Agent. You must designate an in ration.) ered agent are:
(The Limited Liability Company cannot serve as its canother business entity with an active Florida registrement and the Florida street address of the registrement Marc L Catalano N 11935 SW 15th Ct.	own Registered Agent. You must designate an in ration.) ered agent are:

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

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u> Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Marc L Catalano
	11935 SW 15th Ct.
	Davie, FL 33325
MGR	Allen J Carlson
	228 Bettywood Circle
	Crawfordville, FL 32327
MGR	Achley Cadeon
MOR	Ashley Carlson 228 Bettywood Circle
	Crawfordville, FL 32327
(Use attachment if necessary)	
EV: Effective date, if other than the date	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
EV: Effective date, if other than the date fective date is listed, the date must be sp	
EV: Effective date, if other than the date fective date is listed, the date must be spof filing.)	
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E V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	ecific and cannot be more than five business days prior to or the control of the
E. V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document
E. V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the section of the sec	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
E. V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
E V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felom	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in \$8.817.155, F.S.)
E V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felom	ember or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

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)