L/400006/422

(F	Requestor's Name)	
	Address)	
(,	radiess)	
(/	Address)	
	····,	
(0	City/State/Zip/Phone	#)
	Δ	
PICK-UP	WAIT	MAIL
(E	Business Entity Nam	ne)
(L	Document Number)	
Certified Copies	Certificates	of Status
Certified Copies		<u></u>
Special Instructions t	to Filing Officer:	<u> </u>
Special instructions (to Filling Officer.	
APR 1 5 2014		
A. LUNT		

Office Use Only



800259046758

04/15/14--01006--022 **125.00

14 APR 15 PH 1: 2 DEPARTMENT OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Autos Unemitted of (Must end with the words "Limited	THUMHASSEE LL.C. d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3812 N. MONTOE ST. THUM. Fl. 32303	SAME TO
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)	& Registered Agent's Signature: n Registered Agent. You must designate an individual or on.)
The name and the Florida street address of the registered Name 3240 WHITE	OUNSTON
Florida street address (P.O. Bo THUM: City	x <u>NOT</u> acceptable) FL 323((Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	ervice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance bligations of my position as registered agent as provided for in other 605, F.S

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	0 -
_GM	BUDDY JOHNSTON
	TALLA +1. 32303
•	
•	of filing: 4-15-14 (OPTIONAL)
(Use attachment if necessary) E V: Effective date, if other than the date ective date is listed, the date must be spenfilling.) E VI: Other provisions, if any.	of filing: 4-15-14 (OPTIONAL) ecific and cannot be more than five business days prior to or s
E V: Effective date, if other than the date active date is listed, the date must be speffiling.)	of filing: 4-15-14 (OPTIONAL) ecific and cannot be more than five business days prior to or s
E V: Effective date, if other than the date active date is listed, the date must be speffiling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
E.V: Effective date, if other than the date ective date is listed, the date must be spending.) E.VI: Other provisions, if any. REQUIRED SIGNATURE:	
E.V: Effective date, if other than the date ective date is listed, the date must be specifiling.) E.VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meritary and the second of the control of the co	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ctive date is listed, the date must be spet filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meritary management of the constitutes an affirmation under the constitutes are constituted.	mber or an authorized representative of a member. 5.0203 (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 extive date is listed, the date must be specifiling.) E.VI: Other provisions, if any. E.VI: Other provisions, if any. Signature of a meritary of the constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meritary of the constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (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 ctive date is listed, the date must be spet filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meritary disconstitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (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 y as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a meritary of the constitutes an affirmation under I am aware that any false information.	mber or an authorized representative of a member. 5.0203 (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

	CO	VERLETTER	
TO: Registration Division of	n Section Corporations		
SUBJECT:	Name of Lin	nited Liability Company	AUASSEE UL
The enclosed Articles	s of Organization and fee(s) ar	e submitted for filing.	300
Please return all corre	espondence concerning this m	atter to the following:	14 APR 15
	BUDDY =	DOUNSTON	P. F.
		Name of Person	
	Terros Unin	Firm/Company	TALLAHASSEE
_38	812 N. Mo.	NIZOE < T · Address	
Th	LLAHASSE	ity/State and Zip Code	03
	E-mail address: (to be used	d for future annual report notifica	ition)
For further information	on concerning this matter, plea	ase call:	
BUDDY J	ounston at (Area Code Daytime Te	368
INAE	ne of reison	Area Code Daytine Te	repriorie Nutrioei
Enclosed is a check for	or 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