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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
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T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dealmaker auto Soles 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:
Mathon Martin Name of Person
Firm/Company
6468 Down Hill Rd
Tallahassee FL 32311 City/State and Zip Code Dealmakera to sales of Gmail-com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (918) 884-1782 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \sum \\$130.00 Filing Fee \& \Bigcup \\$155.00 Filing Fee \& \Bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

Registration Section
Division of Corporations
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

The name of the Limited Liability Company is:	が 1000 100
Dealmaker Auto Sales U (Must end with the words "Limited I	LC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6468 Down Kill Rd Tallahassee FL 32311	PO BOX 13323 Tallahassee FL 32317
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Fanother business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered a	agent are:
Mathan M	atin
Tame	
6468 Downh	TI Rd WENDER DO
Florida street address (P.O. Box	
Tolkhassee	FL 3231
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance igations of my position as registered agent as provided for in er 605, F.S
Registered Agents Signatu	ure (REQUIRED)
(CONTINUE	ED)

Page 1 of 2

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	16th White
4X1215	1/4/2 Dr. 1/2 D. 1/2
	7016horsy F/ 32311
	JOHNANS CIL SEI

V: Effective date, if other than the date live date is listed, the date must be spe	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
V: Effective date, if other than the date tive date is listed, the date must be spotling.)	ecific and cannot be more than five business days prior to or t
tive date is listed, the date must be specifing.) VI: Other provisions, if any. EQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or
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