

#L14000154137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

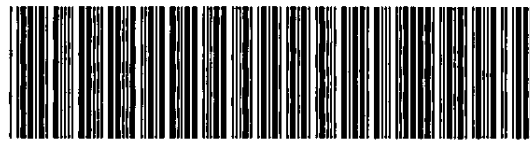
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CORRECTION TO EFF. DATE PER
CONVERSATION WITH
AMY PLANT (ADAMS + COMPANY, P.A.)
10/2/2014 KS

Office Use Only



500263388845

EFFECTIVE DATE
9-19-2014

09/26/14--01019--018 **125.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 26 PM 3:31

FILED

K. SALLY
EXAMINER
OCT - 2 2014



JOHN Q. ADAMS II
Certified Public Accountant

September 22, 2014

Registration/Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

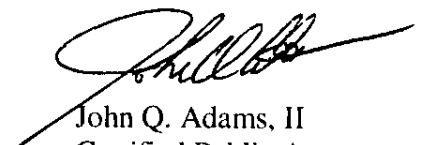
I am writing on behalf of my client, Shawn S. Brandow. Mr. Brandow has recently purchased Automotive Soft Trim, Inc. from Erik J. Demonbreun.

Mr. Brandow is forming a new Limited Liability Company and would like to use the name Automotive Soft Trim, LLC. Included with this letter you will find both Articles of Amendment signed by Mr. Demonbreun changing the name of Automotive Soft Trim, Inc. to Auto Interior Products, Inc. and Articles of Organization for Automotive Soft Trim, LLC signed by Mr. Brandow. Mr. Demonbreun has agreed to release this name for Mr. Brandow's use as evidenced by his signature on the Articles of Amendment.

We ask that you please process the Articles of Amendment first and then process the Articles of Organization. By sending these documents together we will hope to clear up any confusion surrounding the situation. In turn, we anticipate expedition of the process of organizing Automotive Soft Trim, LLC.

I appreciate your time and attention to this matter and should you have any questions please feel free to contact me at (352) 237-3200.

Sincerely,



John Q. Adams, II
Certified Public Accountant

JQA/alp

Enclosures: Articles of Amendment to Articles of Incorporation of Automotive Soft Trim, Inc.
Articles of Amendment Payment – Check #2426 for \$35
Articles of Organization for Florida Limited Liability Company
Articles of Organization Payment – Check #2425 for \$125

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Automotive Soft Trim, 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:

John Q. Adams, II
Name of Person

Adams & Company, P.A.
Firm/Company

910 SW 1st Avenue, Suite 201
Address

Ocala, FL 34471
City/State and Zip Code

john@adamscompanypa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Plant at (352) 237-3200
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
9-19-2014

Automotive Soft Trim, LLC

(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:

620 SW 13th Street
Ocala, FL 34471

620 SW 13th Street
Ocala, FL 34471

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:

Shawn S. Bradow

Name

620 SW 13th Street

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

Ocala

City

FL 34471

Zip

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TALLAHASSEE, FLORIDA

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGMR

Name and Address:

Shawn S. Brandow

620 SW 13th Street

Ocala, FL 34471

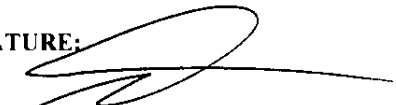
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/19/2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Shawn Brandow

(Typed or printed name of signee)

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)