## 614000165319

(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:	
	I '

Office Use Only



400265728974

08/22/14--01020--017 \*\*130.00

14 OCT 22 PM L: 50
SECRETARY OF STATE

T. Burch QGT 2.3 2014.

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT: B	& D AUTI Name of Lin	SALES L nited Liability Company	lc_
The enclosed Article	s of Organization and fee(s) an	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
FRE	FPED DES	Name of Person	
Bz	D AUTO	SALES, LL Firm/Company	<u>C:</u>
167	3 BILT MOI	RE STREET Address	<del></del>
Por	NAUTO12 a	FL 3495 Sity/State and Zip Code	73
<u>DESTI</u>	NA UTO 12 a E-mail address: (to be use	GMA) COMO d for future annual report notifica	Cocoflumorbia com CAST.
For further information	on concerning this matter, plea		
FREGES Na	at (_	772) 985-5 Area Code Daytime Tel	602 ephone Number
Enclosed is a check f	or the following amount:		
ASREADY ASSAULT.	□\$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)
	Cuiling Address gistration Section vision of Corporations D. Box 6327	Street/Courier Adding Registration Section Division of Corporate Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit		pany is:
BED	AUTO	SALES LLC
(	Must end with the	words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address an		of the principal office of the Limited Liability Company is:
Principal Office Add	rece	Mailing Address

673 BILTMORE ST.	465 MILLARD DRIVE FL 34953
ARTICLE III - Registered Agent, Registered Office, The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:	Z	17	
FREPED DOSTIN		000	
Name Name	IASS IASS	122	& SHEET STATES
Florida street address (P.O. Box NOT acceptable)	E C	PH	: :
PORTSTLUCIE FL34953	STA VIS	-	0
City Zip	AO.TF	20	

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	FREPED DESTIN MGR
AMBR	BUTEAU MORESTANT
	PORT ST LUCIE, FC 349
<del></del>	SECRUTA MLAHAS
. (Use attachment if necessary)	Silv 2
ICLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.)	ate of filing: 10/16/2019 (OPTION ALE) specific and cannot be more than five business days prior 90 days

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 §.817.155, F.S.)

FREGES DESTIN

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)