

L14000 177197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

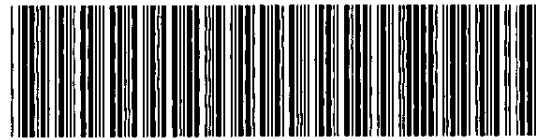
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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11/17/14--01002--006 \*\*125.00

RECEIVED  
14 NOV 14 PM 3:16  
DIVISION OF CORPORATIONS  
14 NOV 14 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 17 2014  
T. HAMPTON

**Advanced Incorporating Service, Inc.**

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY <u>Surfin' Auto Sales, LLC</u> _____ _____ _____	FOR OFFICE USE ONLY
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**PICK ONE:**

\_\_\_ CERTIFIED COPY     PHOTOCOPY    \_\_\_ C.U.S.

**FILING:**

\_\_\_ CORPORATION     LLC    \_\_\_ LIMITED PARTNERSHIP    \_\_\_ GENERAL PARTNERSHIP  
\_\_\_ FICTITIOUS NAME    \_\_\_ SERVICEMARK/TRADEMARK    \_\_\_ AMENDMENT  
\_\_\_ FOREIGN QUALIFICATION    \_\_\_ JUDGMENT LIEN  
\_\_\_ OTHER \_\_\_\_\_

**RETRIEVAL:**

\_\_\_ GOOD STANDING CERT/C.U.S.    \_\_\_ CERTIFIED COPY    \_\_\_ PHOTOCOPY  
Of \_\_\_\_\_

**APOSTILLE/CERTIFICATION REQUEST:**

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 11/14/14    TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION**

**FOR**

**SURF'N AUTO SALES, LLC**

**ARTICLE I - Name**

The name of this Limited Liability Company is:

Surfn Auto Sales, LLC

**ARTICLE II - Business Activity**

The nature of the business of this corporation is any and all lawful business which a Limited Liability Company is permitted to conduct in the State of Florida.

**ARTICLE III - Address**

The mailing address and street address of the principal office of the Limited Liability Company are:

**ADDRESS**

Mailing: 5555 Fay Blvd  
Cocoa, FL 32927

Physical: 541 Skyway Drive  
Edgewater, FL 32132

**ARTICLE III - Managing Members**

This is a multi-member Limited Liability Company. The name and address of the managing member is:

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
Peggy-Jo Anderson	5555 Fay Blvd Cocoa, FL 32927

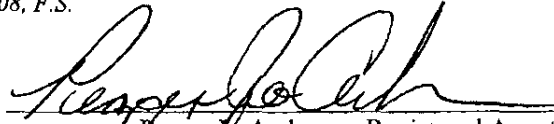
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV – Registered Agent And Office And Registered Agent’s Signature**

The name and Florida street address of the registered agent are:

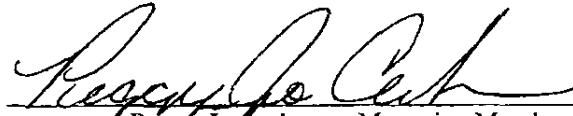
<u>NAME</u>	<u>ADDRESS</u>
Peggy-Jo Anderson	5555 Fay Blvd Cocoa, FL 32927

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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 608, F.S.*

  
\_\_\_\_\_  
Peggy-Jo Anderson, Registered Agent

**ARTICLE V - Effective Date**

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date as specified herein. The company’s existence shall be perpetual unless the company is dissolved earlier as provided in these articles of organization or in the regulations.

  
\_\_\_\_\_  
Peggy-Jo Anderson, Managing Member

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