## L15000001008

(Requestor's Name)
(requestors warne)
(A.I.I.
(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:
{
}

Office Use Only



700267690457

02/20/15--01003--001 \*\*125.00

NOT BRIEFADES TO ACKNOWLEDGE SUFFICIENCY OF FILING 15 FEB 20 MM 9: 00

15 FEB 20 AH 9: 0



FEB 2 0 2015 D. BRUCE

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	ECT: Berry's Auto Sales, LLC Name of Li	mited Liability Company			
The en	closed Articles of Organization and fee(s) a	are submitted for filing.			
Please	return all correspondence concerning this n	natter to the following:			
	Phillip Berry	Name of Person			
		Name of Ferson			
	Berry's Auto Sales, LLC		· · · · · · · · · · · · · · · · · · ·		
		Firm/Company			
	5439 Hwy 231			型的	15
		Address		を出 日の	Ch
	Panama City, FL 32404				20
		City/State and Zip Code		D.C.	MH 9: C
<u>hq</u>	illipdberry@gmail.com E-mail address: (to be use	ed for future annual report notific	ation)	35	بو
Ear fur	ther information concerning this matter, ple		,	ក្ខា	
roi iui	ther information concerning this matter, pie	ase can.			
<u>Phillip</u>		850 ) <u>763-8176</u>			
	Name of Person	Area Code Daytime Te	lephone Number		
Enclose	ed is a check for the following amount:				
_	0 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Certificate of S Certified Copy (additional copy	Status &	d)
	Mailing Address  Registration Section  Division of Corporations	Street/Courier Add Registration Section Division of Corpora			

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Berry's Auto Sales, LLC  (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")	-
ARTICLE II - Address: The mailing address and street address of the principal off		
Principal Office Address:	Mailing Address:	
5439 Hwy 231 Panama City, FL 32404	5439 Hwy 231 Panama City, FL 32404	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	legistered Agent. You must designate an indivi	dual or
The name and the Florida street address of the registered a	gent are:	
Phillip Berry Name		
5439 Hwy 231 Florida street address (P.O. Box J	NOT acceptable)	
Panama City	FL 32404	
City	Zip	
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familial with and accept the obliging that the complex of the provisions of the complex of the	the appointment as registered agent and agree t fall statutes relating to the proper and complete	to act in this e performance
Registered Agent's Signatu	re (REQUIRED)	SEC 15 F
/ (CONTINUE	D) ASSET	
Page 1 of 2	.'', Ti	의 🚉 🏮

Title: "AMBR" = Authorized M "MGR" = Manager	Mame and A ember	ddress:		
AMBR		1		
	5439 Hwy 2			
	Panama Cit	y, FL 32404	<del></del>	
	<del></del>			
	<del> </del>	<del></del>		
		· · · · · · · · · · · · · · · · · · ·		
(Has attachment if masses				
	ry) r than the date of filing: te must be specific and cannot be mo			day
LE V: Effective date, if other	r than the date of filing: te must be specific and cannot be mo			day
LE V: Effective date, if other fective date is listed, the date of filing.)	r than the date of filing: te must be specific and cannot be mo			day
LE V: Effective date, if other fective date is listed, the date of filing.)	r than the date of filing:			day
LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if a required SIGNATURE Signature.	te must be specific and cannot be money.  E:  Description  E:  Later of a member or an authorized	ore than five business days prior	to or 90	day
LE V: Effective date, if other fective date is listed, the date of filing.)  LE VI: Other provisions, if a second	te must be specific and cannot be money.  E:  Later of a member or an authorized with section 605.0203 (1) (b), Florida 3	I representative of a member. Statutes, the execution of this doc	to or 90	day
EV: Effective date, if other fective date is listed, the date of filing.)  EVI: Other provisions, if a second seco	te must be specific and cannot be money.  E:  Description  E:  Later of a member or an authorized	I representative of a member. Statutes, the execution of this docy that the facts stated herein are to be comment to the Department of Sta	ument	day
REQUIRED SIGNATUA  Sign (In accordance we constitutes an after a constitutes a thin	te must be specific and cannot be mental be specific and cannot be mental be.  E:  Ature of a member or an authorized ith section 605.0203 (1) (b), Florida sirmation under the penalties of perjurny false information submitted in a ded degree felony as provided for in s.8	I representative of a member. Statutes, the execution of this doc y that the facts stated herein are to ocument to the Department of Station 17.155, F.S.)	ument	-
REQUIRED SIGNATUA  Sign (In accordance we constitutes an after a constitutes a thin	te must be specific and cannot be month.  E:  Ature of a member or an authorized in section 605.0203 (1) (b), Florida simulation under the penalties of perjurny false information submitted in a decomposition of the penalties of perjurny false information submitted in a decomposition.	I representative of a member. Statutes, the execution of this doc y that the facts stated herein are to ocument to the Department of Station 17.155, F.S.)	ument	13 15
REQUIRED SIGNATUA  Sign (In accordance we constitutes an after a constitutes a thin	r than the date of filing:  te must be specific and cannot be me  ny.  E:  Ature of a member or an authorized with section 605.0203 (1) (b), Florida sirmation under the penalties of perjurny false information submitted in a ded degree felony as provided for in s.8  lip Berry  Typed or printed name	I representative of a member. Statutes, the execution of this doc y that the facts stated herein are to ocument to the Department of Station 17.155, F.S.)	ument	
REQUIRED SIGNATURES  (In accordance veconstitutes an after a may are that constitutes a thing.)	r than the date of filing:  te must be specific and cannot be me  ny.  E:  Ature of a member or an authorized with section 605.0203 (1) (b), Florida 3 firmation under the penalties of perjurny false information submitted in a ded degree felony as provided for in s.8  lip Berry  Typed or printed name  Filing Fees:	I representative of a member. Statutes, the execution of this docy that the facts stated herein are to be comment to the Department of Station 17.155, F.S.) e of signee	ument	0 - 12
REQUIRED SIGNATURES  (In accordance veconstitutes an after a may are that constitutes a thing.)	te must be specific and cannot be mention.  E:  Atture of a member or an authorized with section 605.0203 (1) (b), Florida in immation under the penalties of perjurny false information submitted in a ded degree felony as provided for in s.8 hip Berry  Typed or printed name in ticles of Organization and Designation and Designation and Designation.	I representative of a member. Statutes, the execution of this docy that the facts stated herein are to be comment to the Department of Station 17.155, F.S.) e of signee	ument	