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| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | ocument Number)   |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
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Office Use Only



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J. Shavers FEB 2 3 7015

# **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Auto II, IIC 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:  |
| James Humphyey Jr. Name of Jerson  |
| Autoall, LLC Firm/Company  |
| 10710 Sanctuary Estates Dr.  |
| Cape Coyal, Florida 33993  City/State and Zip Code  Fix Hnowe Autoglinet  E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Shannon Anderson at (239) 244-10458  Name of Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (additional copy is enclosed)  \$155.00 Filing Fee Certificate of Status 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:  |  |
|--|--|
| autogl LLC   | iability Company, "L.L.C.," or "LLC.")               |
| (Must end with the words "Limited L  | naonity Company, "L.E.C.," or "LLC."                 |
| ARTICLE II - Address: The mailing address and street address of the principal offi   | ce of the Limited Liability Company is:              |
| Principal Office Address:  | Mailing Address:                                     |
| 10710 Sanctuary Estates, Dr. Cape Coral, FU 33993  | 10710 Sanctuary Estates Dr. Cape Coral, FL 33993     |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. | egistered Agent. You must designate an individual or |
| The name and the Florida street address of the registered a  | gent are:  |
| <u>Shannon Ander</u>   | <u>son</u>   |
|  |  |
| 16710 Sanctuar   | y Estates Dr.  |
| Florida street address (P.O. Box 1   |  |
| <u>Cape Coral</u>  | <u>FL 23993</u>                                      |
| City   | Zıp  |
| the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of  | 15 F   |
| (CONTINUE  | D) PA  |
| Page I of 2  | 2:52<br>ORIBA  |

| Title: "AMBR" = Authorized Member   | Name and Address:  |
|---|--|
| "MGR" = Manager   | _ 11 -   |
| MGR   | James Humphrey Ir.   |
|   | 110710 Sanctuary Estates Dr.   |
| No. 2. 2  | Che Courte 53943   |
| AMBR  | Shannon Anderson   |
|   | 10710 Sanctuary Estats Dr.   |
|   | Capt Sharper Seris   |
|   |  |
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| (Use attachment if necessary)  EV: Effective date, if other than the date ective date is listed, the date must be sporf filing.)  | e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 90 da   |
| E V: Effective date, if other than the date ective date is listed, the date must be sp  | e of filing: (OPTIONAL)  Decific and cannot be more than five business days prior to or 90 da  |
| EV: Effective date, if other than the date extive date is listed, the date must be sport filing.)   | e of filing: (OPTIONAL)  Decific and cannot be more than five business days prior to or 90 da  |
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| E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:   | pecific and cannot be more than five business days prior to or 90 da   |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 6)  | ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document  |
| E V: Effective date, if other than the date ective date is listed, the date must be sport filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section 6) constitutes an affirmation und  | ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document let the penalties of perjury that the facts stated herein are true.  |
| E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me (In accordance with section 6) constitutes an affirmation und I am aware that any false info constitutes a third degree felo | ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ier the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State in as provided for in s.817.155, F.S.)                                 |
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