



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Professional Auto Brokers, 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:

Miranda A. Black  
Name of Person

Professional Auto Brokers  
Firm/Company

5509 Moncrief Rd.  
Address

Jacksonville, FL 32209  
City/State and Zip Code

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

For further information concerning this matter, please call:

Miranda A. Black at ( 904 ) 333.0267  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee      ☒ \$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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2015

MIRANDA A. BLACK  
5509 MONCRIEF RD  
JACKSONVILLE, FL 32209

SUBJECT: PROFESSIONAL AUTO BROKERS, LLC  
Ref. Number: W15000020598

We have received your document for PROFESSIONAL AUTO BROKERS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 6, 2015. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 315A00005886

15 APR -7 AM 10:00  
DIVISION OF CORPORATIONS  
REGISTRATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

#1 Professional Auto Brokers, 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:

5509 Moncrief Rd

Jacksonville, FL 32209

5509 Moncrief Rd

Jacksonville, FL 32209

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:

Miranda A. Black

Name

1045 E 11th St

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

Jacksonville

City

FL 32206

Zip

*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..*

Miranda A. Black

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 MAR - 6 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Robert S. Byers

2984 Centerwood Dr.

Jacksonville, FL. 32218

MGR

Miranda A. Black

1045 E. 11th St

Jacksonville, FL. 32206

AMBR

Eddie J. Black

2118 W. 40th St.

Jacksonville, FL. 32209

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 1, 2015 (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:**

Miranda A. Black

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.)

Miranda A. Black

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)**