

L15000066107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

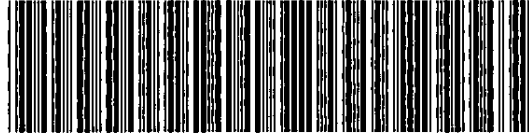
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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15 MAR 20 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Wesley*

APR 15 2015

LAW OFFICE OF  
DAVID MILLER LANG, JR.  
ATTORNEY AT LAW

204 SOUTHEAST FIRST STREET  
POST OFFICE BOX 51  
TRENTON, FLORIDA 32693-0051

(352) 463-7800

March 18, 2015

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: E & N Lube Specialist, LLC

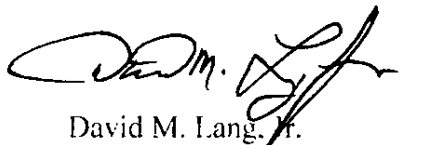
Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Organization along with a Transmittal Letter providing all return correspondence information and my check# 4607 in the amount of \$160.00 representing payment for:

Filing Fee for Articles of Organization	\$100.00
Designation for Registered Agent	\$ 25.00
Certified Copy of Articles of Organization	\$ 30.00
Certificate of Status	\$ 5.00

Should there be any questions, please do not hesitate to contact me.

Sincerely,



David M. Lang, Jr.

DMLJ/dh

Enclosures: As stated

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: E & N Lube Specialist, 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:

David M. Lang, Jr.  
Name of Person

David M. Lang, Jr. Attorney At Law  
Firm/Company

P.O. Box 51  
Address

Trenton, Florida 32693  
City/State and Zip Code

dlangxxj@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna Holmes at ( 352 ) 463-7800  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

E & N Lube Specialist, 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:

459 NW 40th Avenue  
Bell, Florida 32619

459 NW 40th Avenue  
Bell, Florida 32619

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:

Matthew B. Edmonds

Name

459 NW 40th Avenue

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

Bell

City

FL 32619

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..*

Matthew B. Edmonds

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

AMBR

**Name and Address:**

Matthew B. Edmonds  
459 NW 40th Avenue  
Bell, Florida 32619

Gary M. Nolan, Jr.  
4878 NW 115th Avenue  
Ocala, Florida 34482

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**



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.)

Matthew B. Edmonds

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)