

**#L 15000070422**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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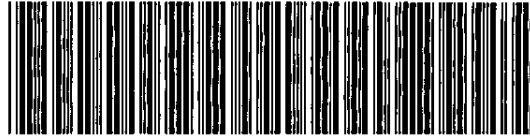
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR 22 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Zephyrhills AutoRama, 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:

Stephen Williams  
Name of Person

Williams, Ristoff, & Proper  
Firm/Company

4532 U.S. 19  
Address

New Port Richey, FL 34652  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Ackley at (727) 842-9758  
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

**ARTICLES OF ORGANIZATION  
FOR  
ZEPHYRHILLS AUTORAMA, LLC**

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TALLAHASSEE, FLORIDA

**ARTICLE I – NAME**

The name of the Limited Liability Company is **ZEPHYRHILLS AUTORAMA, LLC**.

**ARTICLE II – ADDRESS**

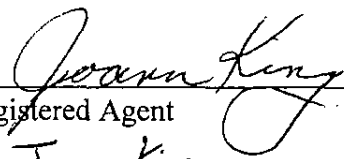
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
6250 Tennessee Ave., New Port Richey, FL 34653	P.O. Box 636, New Port Richey, FL 34656

**ARTICLE III – REGISTERED AGENT**

The name and the Florida street address of the Registered Agent is: Joann King, 6250 Tennessee Ave., New Port Richey, FL 34653.

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, *Florida Statutes*.

  
\_\_\_\_\_  
Registered Agent  
Joann King

#### ARTICLE IV – MANAGEMENT

The names and addresses of each person authorized to manage and control the Limited Liability Company are as follows:

Name and Address:	Title (AMBR = Authorized Member) (MGR = Manager)
Craig W. Pearson; 5781 Colonial Dr., New Port Richey, FL 34653	MGR
Joann King; 5781 Colonial Dr., New Port Richey, FL 34653	AMBR

#### ARTICLE V – EFFECTIVE DATE

The effective date is the date of filing.

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 817.155, F.S.

  
Authorized Member

Craig W. Pearson

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SUCCESSION OFFICIAL  
ALLAHABAD, FLORIDA