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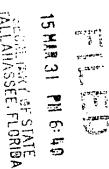
(Address)	<del></del>
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	—
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: <u>Auto Audio Systems LLC</u> Name of Lir	nited Liability Company	
The en	nclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Michael Lease	Name of Person	
		Firm/Company	
	33160 US 19	Address	
	Palm Harbor	City/State and Zip Code	
Je	oosomika@amail.com	ed for future annual report notifica	ition)
For fu	rther information concerning this matter, ple	ase call:	
Micha	ael Lease at ( at ( at (	727 ) 748-3788 Area Code Daytime Tel	lephone Number
Enclos	sed 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 Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Auto Audio Systems 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	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
33160 US 19 Palm Harbor, FL 34684	3186 Charter Club Drive Unit B Tarpon Springs. FL 34688
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Michael Lease  Name	Registered Agent. You must designate an individual or)
	Hari W
33160 US 19 Florida street address (P.O. Box I	NOT acceptable)
Palm Harbor	FL 34684 F.G. 55
City	Zip DATE
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 familiar with and accept the oblig	vice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S

Page 1 of 2

(CONTINUED)

<u>Fitle:</u> AMBR" = Authorized MGR" = Manager	Member	Name and Address:
V: Effective date, if o	her than the date of filing	g:
V: Effective date, if one crive date is listed, the filing.)  VI: Other provisions,	her than the date of filing date must be specific an fany.	g: (OPTIONAL) ad cannot be more than five business days prior to or 90
ctive date is listed, the filing.)  VI: Other provisions,	her than the date of filing date must be specific an	id cannot be more than five business days prior to or 90
V: Effective date, if of ctive date is listed, the filing.)  VI: Other provisions,  REQUIRED SIGNAT  Signature of the constitutes an I am aware the constitutes an I am aware the constitutes.	f any.  JRE:  gnature of a member of with section 605.0203 (affirmation under the peat any false information s	id cannot be more than five business days prior to or 90
V: Effective date, if of ctive date is listed, the filing.)  VI: Other provisions,  REQUIRED SIGNAT  Signature of the constitutes and I am aware the constitutes a term.	f any.  JRE:  gnature of a member of a with section 605.0203 (affirmation under the peat any false information shird degree felony as profichael Lease	r an authorized representative of a member.  (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. submitted in a document to the Department of State