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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Prime Cars & Trucks, LLC Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Halit Turan	Name of Person	
	1035 Sylvia LN	Firm/Company	
	Tampa, FL 33613	Address	
		City/State and Zip Code	· ·
For fur	E-mail address: (to be use ther information concerning this matter, ple	ed for future annual report notifica	ation)
<u>Halit]</u>	Name of Person	813) 727-7187 Area Code Daytime Tel	lephone Number
	ed is a check for the following amount: 0 Filing Fee \$\sum \text{S130.00 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 Addo Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Prime Cars & Trucks, LLC	
(Must end with the words "Limite	d 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:
	Prime Cars & Trucks, LLC
13731 N Nebraska Ave, Tampa, FL 33613	P.O. Box 82156
	Tampa, FL 33682
(The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.) The name and the Florida street address of the registere	
Halit Turan	
Nam	e
1035 Sylvia LN	
Florida street address (P.O. Bo	x NOT acceptable)
Tampa	FL 33613
City	Zip
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ol	JED)

Title:		Name and Address:
"AMBK" = "MGR" = N	Authorized Member	
MGR - N		Yakup Akkas
mort		7820 Mariners Harbour Drive
		Wesley Chapel, FL 33545-4161
MGR		Halit Turan
		1035 Sylvia LN
		Tampa, FL 33613
		
		
		
Use attach	ment if necessary)	
tive date i filing.)	is listed, the date must b	date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
ctive date i f filing.)	ive date, if other than the is listed, the date must be provisions, if any.	e specific and cannot be more than five business days prior to or 9
ctive date i f filing.)	is listed, the date must b provisions, if any.	e specific and cannot be more than five business days prior to or 9
ctive date if filing.) E VI: Other REQUIRE	D SIGNATURE: Signature of a n accordance with section am aware that any false i	e specific and cannot be more than five business days prior to or 9
tive date if filing.) VI: Other REQUIRE	D SIGNATURE: Signature of a n accordance with section am aware that any false i	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
ctive date if filing.) EVI: Other REQUIRE (I	D SIGNATURE: Signature of a n accordance with section on stitutes an affirmation of am aware that any false it on stitutes a third degree if	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State
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Citive date in filing.) VI: Other Citive date in filing.) VI: Other Citive date in filing.) (I citive date in filing.)	D SIGNATURE: Signature of a n accordance with section am aware that any false i enstitutes a third degree for Articles of Certified Copy (Optional	a member of an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent
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VI: Other EQUIRE (I cc. C) \$125.00 F \$ 30.00 C	D SIGNATURE: Signature of a n accordance with section am aware that any false i enstitutes a third degree for Articles of Certified Copy (Optional	a member of an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent

ARTICLE IV-