## 115000062225

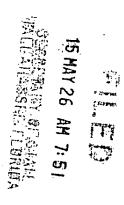
|                      | (Requestor's Name)       |
|----------------------|--------------------------|
|                      | (Address)                |
|                      | (Address)                |
|                      | (City/State/Zip/Phone #) |
| PICK-UF              | WAIT MAIL                |
|                      | (Business Entity Name)   |
|                      | (Document Number)        |
| Certified Copies     | Certificates of Status   |
| Special Instructions | to Filing Officer:       |
|                      |                          |
|                      |                          |
|                      |                          |
| <u> </u>             |                          |

Office Use Only



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MAY 27 2015 J SHIVERS

## COVER LETTER

| TO:        | Registration S<br>Division of Co |  |                | . ,   |  |
|------------|----------------------------------|--|----------------|---|--|
| cup is     |                                  | Auto Sales L.L.C.                                    |                |   |  |
| · 20R1F    | CT:                              |  | mited Liabil   | ity Company   |  |
| The enc    | closed Articles o                | f Organization and fee(s) a                          | re submitted   | for filing.   |  |
| Please r   | eturn all corresp                | ondence concerning this n                            | natter to the  | following:  |  |
|            | Camille Ch                       | oute   |                |   |  |
|            |                                  |  | Name of        | Person  |  |
|            |                                  | <del></del>  | Firm/Co        | mpany   | radian arian and arab radian and arian and area.   |
|            | P.O. Box 3                       | 2  |                |   |  |
|            |                                  | <del>- 1</del>                                       | Addr           | ess   |  |
|            | Mango, FL                        | 33550  |                |   |  |
|            | firmlifeautos                    | sales@gmail.com                                      | City/State an  | d Zip Code  |  |
|            |                                  | E-mail address: (to be use                           | d for future a | nnual report notificat                                    | ion)   |
| For furthe | er information c                 | oncerning this matter, pleas                         | se call:       |   |  |
|            | Camille Ch                       |  | 941            | 875-0187<br>.)  |  |
|            | Nar                              |  |                | Daytime Telephon  |  |
| Enclose    | ed is a check for                | the following amount:                                |                |   |  |
| \$125.00   | ) Filing Fee                     | \$130.00 Filing Fee & Certificate of Status          | Certifi        | 00 Filing Fee &<br>ed Copy<br>al copy is enclosed)        | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|            | Regis                            | ng Address<br>tration Section<br>ion of Corporations |                | Street Address Registration Section Division of Corporati | ions   |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ADTICLE L. Norman  | 1   |   |  |   |
|--|---|---|--|---|
| ARTICLE I - Name: The name of the Limited Liabil   | ity Company is:   |   |  |   |
| Firm Life Auto Sale  |   | I I inhilite Common                         | 1y, "L.L.C.," or "LLC.")                                     |   |
| (Must end  | with the words "Limited                                   | 1 Liability Compar                          | ıy, "L.L.C.," or "LLC.")                                     |   |
| ARTICLE II - Address:<br>The mailing address and street a  | address of the principal o                                | office of the Limite                        | d Liability Company is:                                      |   |
| <u>Princi</u>  | oal Office Address:                                       |   | Mailing Addre  | <u>288</u> :                                |
| 3280 Tamiami Trl S<br>Port Charlotte, FL 3   |   |   | D.Box 32<br>ango FL 33550                                    |   |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street                         | y cannot serve as its own active Florida registration     | Registered Agent<br>on.)                    |  | ividual or                                  |
|  |   | Name  | <del></del>  |   |
|  | 3280 Tamiami Trl St                                       | te 55A                                      |  |   |
|  | Florida street addres                                     | s (P.O. Box <u>NOT</u>                      | acceptable)  |   |
|  | Port Charlotte  | FL  | 33952  |   |
|  | City  | State                                       | Zip  |   |
| Having been named as registered<br>place designated in this certificate<br>further agree to comply with the p<br>am familiar with and accept the o | , I hereby accept the app<br>rovisions of all statutes re | ointment as registe<br>elating to the prope | red agent and agree to act in<br>er and complete performance | n this capacity. I<br>e of my duties, and I |
|  | Can   | 1 dotte                                     |  |   |
|  | Regist  | ered Agent's Signa                          | ature (REQUIRED)   | TO HA                                       |
|  |   | (CONTINUED)                                 | )  | 26<br>See 19                                |
|  |   | Page 1 of 2                                 |  |   |

| Title: "AMBR" = Authorized Member   | Name and Address:  |
|---|--|
| "MGR" = Manager<br>MGR  | Camille Choute   |
|   | P.O. Box 32  |
|   | Mango FL 33550   |
| MGR   | Jean Jacinthe  |
|   | 3280 Tamiami Trl Ste 55A   |
|   | Port Charlotte, FL 33952   |
|   |  |
|   |  |
|   |  |
|   |  |
|   | State 4 realization of a second secon |
|   |  |
| Tective date is listed, the date must be speci of filing.)  | ffiling: May 21, 2015 (OPTIONAL)  ific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this data will not   |
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| LE V: Effective date, if other than the date of fective date is listed, the date must be speci of filing.)  If the date inserted in this block does not meanment's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of amend (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fee Jean Jacinthe | et the applicable statutory filing requirements, this date will not State's records.  ber or an authorized representative of a member of 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State  |