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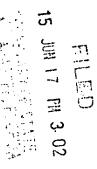
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Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



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or 6/23/15

## **COVER LETTER**

TO: Registration Section

Di	vision of C	Corporations					
SUBJECT:		Auto Sales, L.L.C.					
SUBJECT	·	Name of	Limited Liabil	ity Company	<del></del>		
The enclose	ed Articles	of Organization and fee(s)	are submitted	l for filing.			
Please retur	n all corres	spondence concerning this	matter to the	following:			
	Gerald Gr	imes					
			Name of	Person			
			Firm/Co	ompany		•	
	4013 West	t Knights Ave					
	*		Addı	ess			
	Tampa, Fl	orida 33611			<b>%</b> ~ _ '	<b>4</b>	
J	erry1928@	)Yahoo.com	City/State an	d Zip Code	.R =	JUN	77]
_		E-mail address: (to be us	sed for future a	annual report notificat	ion)		
For further in	formation of	concerning this matter, ple	ease call:			32	
Gerald Grimes		813	956-3278	2 75 1 1 2 4 4 2 7 7 7 7 1 2 7 7 7 1	3. 02		
•	Na	me of Person	Area Code	Daytime Telephon	ne Number	2	
Enclosed is	a check for	the following amount:					
\$125.00 Fil	ing Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & led Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo		
	Regi Divis P.O.	ting Address stration Section sion of Corporations Box 6327 shassee, FL 32314		Street Address Registration Section Division of Corporati Clifton Building 2661 Executive Cente			

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			FILED
Grimes Auto Sales L				15 JUN 17 PM 3-02
(Must end	with the words "Limited	l Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Lim	ited Liability Company is:	
Principa	l Office Address:		Mailing Add	ress:
4013 West Knights A	venue, Tampa Fl. 3361	1 .	1013 West Knights Avenue,	Tampa Fl. 3361
		<del></del> -		
		<del></del> -		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Age		dividual or
The name and the Florida street a	ddress of the registered	l agent are:		
	Gerald Grimes		•	
		Name		
	4013 West Knights A	Avenue		
	Florida street addres		T acceptable)	
	Tampa	Florida	33611	
	City	State	Zip	
Having been named as registered a place designated in this certificate, further agree to comply with the pr	I hereby accept the apportions of all statutes re	ointment as regi clating to the pr	stered agent and agree to act oper and complete performan	in this capacity. I ce of my duties, and I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	horized Member	Name and Address:	
"MGR" = Mana	iger	Carald Crimes	
AMBR		Gerald Grimes 4013 West Knights Ave	
		Tampa, Fl. 33611	
			<del></del>
			<del></del>
	<del></del>	<del> </del>	
	<del></del>		
(Use attachment	if necessary)		
LOSO BELACIEITORI	in necessary)		
E V: Effective dective date is list of filing.) the date inserted	ted, the date must be spe	ecific and cannot be more than five business days prior to meet the applicable statutory filing requirements, this date with of State's records.	
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