

L15000134882

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WLS-49271

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15 AUG -4, PM 3:29

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AND  
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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** JAKARI AUCTION AUTOS, 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:

RONNIE HOGGINS  
Name of Person

JAKARI AUCTION AUTOS, LLC.  
Firm/Company

3350 E. ATLANTIC BLVD. SUITE # 208  
Address

POMPANO BEACH FLA. 33062  
City/State and Zip Code

JAKARI 2001@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONNIE HOGGINS at ( 954 ) 512-3063  
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**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2015

RONNIE HOGGINS  
3350 E. ATLANTIC BLVD. SUITE 208  
POMPANO BEACH, FL 33062

SUBJECT: JAKARI AUCTION AUTOS, LLC.  
Ref. Number: W15000049271

We have received your document for JAKARI AUCTION AUTOS, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00015418

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

15 AUG -4 PM 3:22

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAKARI AUCTION AUTOS, LLC.  
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3350 E. ATLANTIC BLVD #208  
POMPANO BEACH, FLA. 33062

3350 E. ATLANTIC BLVD #208  
POMPANO BEACH, FLA. 33062

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

RONNIE HOGGINS  
Name  
300 N.W. 19<sup>th</sup> COURT  
Florida street address (P.O. Box **NOT** acceptable)  
POMPANO BEACH FL. 33060  
City State Zip

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, F.S..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

MGR

LINDA FELIZOR  
3350 E. ATLANTIC BLVD #208  
POMPANO BEACH, FL. 33062

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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 s.817.155, F.S.

RONNIE HOGGINS

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)