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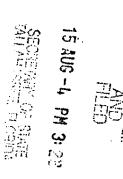
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COVER LETTER

	egistration Section vision of Corporations
SUBJECT	· JAKARI AUCTION AUTOS, LLC.
BOBCE	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	m all correspondence concerning this matter to the following:
	RONNIE HOGGINS Name of Person
	JAKART AUCTION AUTOS, LLC.
	3350 E. ATLANTIC BLVD. SUITE# 208 Address
	POMPANO BS ACH FLA. 33062 City/State and Zip Code
-	TAKARI 2001 & GMAIL. (1914) E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	RONNIE + OGGENS at (954) 512-3063 Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Co
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	- Amelia Lat
ARTICLE I - Name: The name of the Limited Liability Company is:	15 AUG -4 PM 3:22
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	ALTHUR GRAN
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Add	ress:
POMPANO BEACH, FLA. 33062 POMPANO BEACH,	17IC BLVO.#208 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 in another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	ndividual or
,	
Name	
RONNIE HOGGENS Name 300 N.W. 19th Count	
Florida street address (P.O. Box NOT acceptable)	
Pompara Brach FL. 33060 City State Zip	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited lial place designated in this certificate, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relating to the proper and complete performan am familiar with and accept the obligations of my position as registered agent as provided for in Chapte	t in this capacity. I nce of my duties, and I
Registered (Agent's Signature (REQUIRED)	

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	horized to manage and control the Limited Liab Name and Address:	SECTION OF A
MGR	LINDA FELIZOR 3350 E. ATLANTIC POMPANO BEACH, FL. 3	BLVO #208 3062
effective date is listed, the date must be spo e of filing.)	of filing:	ays prior to or 90 days
REQUIRED SIGNATURE:		

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)