L15000191040

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ldress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | = #) |
| PICK-UP | WAIT | MAIL |
| · (Bu | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



700277774017

10/08/15--01004--019 **125.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

OCT. 5,2015

COVER LETTER

| | Registration Section Division of Corporations | | | |
|-------------------|---|---------------------------------------|---|--|
| SUBJEC | Don Roc Dealer Services,LLC | | | |
| SOBJEC | | mited Liability | Company | |
| The encl | osed Articles of Organization and fee(s) a | re submitted fo | or filing. | |
| Please re | turn all correspondence concerning this n | natter to the fol | lowing: | |
| | Don Roe Pres. + CEC | > | | |
| | | Name of P | erson | |
| | Don Roe Dealer Services, LLC | | | |
| | | Firm/Com | pany | |
| | 1148 SE 37th Terrace | | | |
| | | Addres | S | |
| | Ocala, Florida 34471 | | | |
| | scraw4224@yahoo.com | City/State and | Zip Code | |
| | E-mail address: (to be use | d for future an | nual report notification |) |
| For further | r information concerning this matter, plea | se call: | | |
| | Don Roe | 352 | 812-7710 | |
| | | Area Code | Daytime Telephone N | lumber |
| Enclosed | 1 is a check for the following amount: | | | |
|] \$125.00 | Filing Fee \$130.00 Filing Fee & Certificate of Status | Certifie | 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 | · · · · · · · · · · · · · · · · · · · | Atreet Address New Filing Section Division of Corporation Clifton Building 1661 Executive Center (Callahassee, FL 32301 | |



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 28, 2015

DON ROE DON ROE DEALER SERVICES LLC 1148 SE 37TH TERRACE OCALA, FL 34471 US

SUBJECT: DON ROE DEALER SERVICES, LLC

Ref. Number: W15000068522

We have received your document for DON ROE DEALER SERVICES, 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):

You failed to make the correction(s) requested in our previous letter.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

NOTE: You MUST insert a TITLE for each member and/or manager listed on the document.

Please return 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.

You made insold on the annotable easily the removable red realisms of oads managen a color of a 10 of when your fit and been a his mann and mideass of abon methors related to 10 or no nearly

Tina D Cannon Regulatory Specialist II

Letter Number: 115A00022781



October 15, 2015

DON ROE DON ROE DEALER SERVICES LLC 1148 SE 37TH TERRACE OCALA, FL 34471 US

SUBJECT: DON ROE DEALER SERVICES, LLC

Ref. Number: W15000068522

We have received your document for DON ROE DEALER SERVICES, 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):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return 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.

Tina D Cannon Regulatory Specialist II

Letter Number: 115A00021850

RECEIVED OCT 2 1 2015

October, 16, 2015

RE: Don Roe Dealer Services, LLC

Document Number: W15000068522 Effective date: 10/8/2015

To Whom It May Concern:

We are resubmitting the LLC filing to correct the Manager, Don Roe. It was rejected because they said no manager was listed.

Please accept this corrected filing.

Don Roe,

Owner

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLES OF | ORGANIZATION FOR | FLORIDA LIMITED I | JABILITY COMPANY | |
|--|--|---|---|---|
| ARTICLE I - Name: The name of the Limited Liability | Company is: | | | FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Don Roe Dealer Servi | ces, LLC | | | 15 OCT -8 AM 9: 27 |
| | vith the words "Limite | d Liability Company, | "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal o | office of the Limited I | Liability Company is: | |
| Principa | l Office Address: | | Mailing Add | dress: |
| 1148 SE 37th Terrace | , Ocala, Fl 34471 | 1148 | SE 37th Terrace, Ocal | ta, Fl 34471 |
| | | | | |
| (The Limited Liability Company of another business entity with an action The name and the Florida street a | ctive Florida registration | on.) | _ | ndividual or |
| | | s (P.O. Box NOT acc | ceptable) | |
| | Ocala, | Florida | 34471 | |
| | City | State | Zip | |
| Having been named as registered ag olace designated in this certificate, i further agree to comply with the pro am familiar with and accept the obl | hereby accept the appositions of all statutes rigations of my position | ointment as registered elating to the proper d | d agent and agree to ac und complete performa provided for in Chapt | ct in this capacity. I nce of my duties, and I |
| | | • | | |

Page 1 of 2

| <u>[itle:</u> 'AMBR" = Authorize | od Mambar | Name and Addre | ess: | | |
|--|--|--|--|---|------------------|
| | ed Miember | | | | |
| MGR" = Manager Don Roe | 0 1060 | Don Roc | PRES. | CEO | |
| Jon Roe 1 Re | ブイイドロ | 1148 SE 37th ter | | <u> </u> | |
| | | Ocala, Florida 34 | | | |
| | | Ocala, Piorida 3- | P7 / 1 | | |
| | | | | | |
| | _ | · · · · · · · · · · · · · · · · · · · | ···· | <u> </u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| | _ | | | | |
| | | | - | | |
| | | | | | |
| | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | ····· | | |
| | | | | | |
| | | | | | |
| V: Effective date, if tive date is listed, the filling.) | f other than the date of the date must be spec | f filing: 10/08/2015 ific and cannot be more t | han five business | days prior to | or 90 |
| ctive date is listed, the filing.) the date inserted in the lent's effective date of the CVI: Other provisions | f other than the date of the date must be spec- his block does not me on the Department of s, if any. | ific and cannot be more t et the applicable statutory | han five business | days prior to | or 90 |
| CV: Effective date, if ctive date is listed, the filing.) the date inserted in the date of the filing. CVI: Other provisions | f other than the date of the date must be spectal his block does not me on the Department of s, if any. | ific and cannot be more t et the applicable statutory | han five business | days prior to | or 90 |
| CV: Effective date, if ctive date is listed, the filing.) the date inserted in the date of the filing. CVI: Other provisions | f other than the date of the date must be spec his block does not me on the Department of s, if any. | ific and cannot be more the the applicable statutory State's records. | han five business | days prior to | or 90 |
| CV: Effective date, if ctive date is listed, the filing.) the date inserted in the date of the course of the cours | f other than the date of the date must be spectal is block does not me on the Department of s, if any. | ific and cannot be more the the applicable statutory State's records. | han five business | days prior to | or 90 |
| V: Effective date, if tive date is listed, the filing.) he date inserted in the ent's effective date of VI: Other provisions REQUIRED SIGNA This is an inserted in the ent's effective date. | f other than the date of the date must be spectal is block does not me on the Department of s, if any. ATURE: Signature of a mem document is executed aware that any false is | ific and cannot be more the the applicable statutory State's records. | presentative of a on 605.0203 (1) (1) document to the I | days prior to ts, this date w member. b), Florida Sta | o or 90 vill not |
| CV: Effective date, if ctive date is listed, the filling.) the date inserted in the date of the course of the cour | f other than the date of the date must be special block does not me on the Department of s, if any. ATURE: Signature of a mem document is executed aware that any false intutes a third degree for the date of t | et the applicable statutory State's records. Therefore an authorized red in accordance with section formation submitted in a | presentative of a on 605.0203 (1) (1 document to the I.817.155, F.S. | member. b), Florida Sta | vill not |
| V: Effective date, if tive date is listed, the filing.) he date inserted in the ent's effective date of VI: Other provisions REQUIRED SIGNA This is an inserted in the ent's effective date. | f other than the date of the date must be spectal is block does not me on the Department of s, if any. ATURE: Signature of a mem document is executed aware that any false is | et the applicable statutory State's records. State's records. State or an authorized red in accordance with section formation submitted in a felony as provided for in s | presentative of a on 605.0203 (1) (1) document to the I .817.155, F.S. | days prior to ts, this date w member. b), Florida Sta | vill not |
| V: Effective date, if tive date is listed, the filing.) he date inserted in the ent's effective date of VI: Other provisions REQUIRED SIGNA This is an inserted in the ent's effective date. | f other than the date of the date must be special block does not me on the Department of s, if any. ATURE: Signature of a mem document is executed aware that any false intutes a third degree for the date of t | et the applicable statutory State's records. Therefore an authorized red in accordance with section formation submitted in a | presentative of a on 605.0203 (1) (1) document to the I .817.155, F.S. | member. b), Florida Sta | vill not |
| V: Effective date, if tive date is listed, the filing.) he date inserted in the ent's effective date of VI: Other provisions REQUIRED SIGNA This is an inserted in the ent's effective date. | f other than the date of the date must be special block does not me on the Department of s, if any. ATURE: Signature of a mem document is executed aware that any false intutes a third degree for the date of t | et the applicable statutory State's records. State's records. State or an authorized red in accordance with section formation submitted in a felony as provided for in s | presentative of a on 605.0203 (1) (1) document to the I .817.155, F.S. | member. b), Florida Sta | vill not |

Page 2 of 2

SECRETARY OF STATE TALLAHASSEE. FLORIDA