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(Ře	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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JAN 2 6 2016 T BROWN

COVER LETTER *

	Registration Section Division of Corporations	
SUBJECT	r: GForce Auto Name of L	Body and Collission Center Limited Liability Company
The enclose	sed Articles of Organization and fee(s)	are submitted for filing.
Please retu	urn all correspondence concerning this	matter to the following:
		ne Buckner Name of Person Body and Callission Center Firm/Company
	415 Richard	Road Address
er som e e	Rockledge Elbuckneray (E-mail address: (to be use	City/State and Zip Code Qual Com ed for future annual report notification)
For further i	nformation concerning this matter, plea	ase call:
	Eugene Bucket at (321) 312-5454 Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 F	siling Fee \$\frac{130.00}{\text{Certificate of Status}}\$	\$155.00 Filing Fee & \$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

G Force	Auto Body and rith the words "Limited Liability Con	Collission Center	LC
ARTICLE II - Address:	dress of the principal office of the Li		
Principa 415 Richard Rockledge F	Road 1 32955	Mailing Address:	ZUI6 JAH -8
	nt, Registered Office, & Registered annot serve as its own Registered A tive Florida registration.)		ual or E Sal
The name and the Florida street ac	Idress of the registered agent are:		
	Rita Czaya		
	Name		
	18 West Abe "b"	Unit3	
The state of the s	Florida street address (P.O. Box N	OT acceptable)	
	Melbourne Fl	32901	
•	City State	Zip	
place designated in this certificate, I further agree to comply with the pro	gent and to accept service of process j hereby accept the appointment as re visions of all statutes relating to the p gations of my position as registered o	gistered agent and agree to act in thi proper and complete performance of	s capacity. I my duties, and I
	Vita Ga	ya	
Contract of the Contract of th	Registered Agent's S	Signature (REQUIRED)	

Page 1 of 2

(CONTINUED)



ARTICLE IV-

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

"MGR" = Manager "MGR" = Manager Lugene Buckner ioth Grove Oue Cocca F1 32922 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at the of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste element's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATORE: 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. Experie Bucknet Typed or printed name of signee Filing Fees; \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certificate of Status (Optional) \$ 5.500 Certificate of Status (Optional)	"AMBR" = .	Authorized Member	
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:			
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