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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	egistration Section ivision of Corporations
· SUBJECT	MEEKS MARINE, RV & AUTO LLC
SUBJECT	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	RYAN MEEKS
	Name of Person
	Firm/Company
	189 COUNTRY CLUB ROAD
	Address
	SHALIMAR, FL 32579
	City/State and Zip Code
-	meeksr21@yahoo.com E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	RYAN MEEKS 864 973-3023 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	<u> </u>
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CL	EI	- N	ame

The name of the Limited Liability Company is:

MEEKS MARINE, RV & AUTO LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

189 COUNTRY CLUB ROAD	189 COUNTRY CLUB ROAD
SHALIMAR, FL 32579	SHALIMAR, FL 32579
· · · · · · · · · · · · · · · · · · ·	

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:

RYAN MEEKS

189 COUNTRY CLUB ROAD

Florida street address (P.O. Box NOT acceptable)

Name

SHALIMAR FL 32579
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..

(CONTINUED)

sistered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	•
AMBR	RYAN MEEKS
	189 COUNTRY CLUB ROAD
	SHALIMAR, FL 32579
AMBR	T. WAYNE MEEKS
	P O BOX 1115
	SENECA, SC 29679
AMBR	DIXIE MEEKS
	P O BOX 1115
	SENECA, SC 29679
-	•
	the sold tile some
(Use attachment if necessary)	e date of filing: (OPTIONAL)
TICLE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days afte
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TICLE V: Effective date, if other than the in effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Department of the provisions, if any. REOUIRED SIGNATURE: Signature of	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records. Taken an authorized representative of a member.
TICLE V: Effective date, if other than the in effective date is listed, the date must date of filing.) te: If the date inserted in this block does document's effective date on the Departs TICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is e	be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.

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)

ARTICLE IV-

RYAN MEEKS