

L 6 0000 65686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

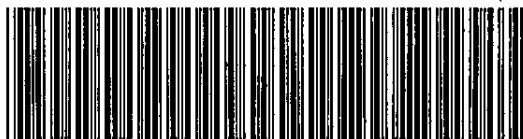
(Document Number)

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16 MAR 28 PM 3:25  
CLERK OF STATE  
HARRISBURG, PENNSYLVANIA

4/5/16

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fuel Myzor, 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:

DAVID ALAN BEAR

Name of Person

Fuel Myzor, LLC

Firm/Company

747 SWANN ROAD

Address

STATESVILLE, NC 28625

City/State and Zip Code

fuelmyzor@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BEAR

Name of Person

at ( 704 ) 777 3049

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

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*Thank you!*

March 15, 2016

DAVID ALAN BEAR  
747 SWANN ROAD  
STATESVILLE, NC 28625

SUBJECT: FUEL MYZOR, LLC  
Ref. Number: W16000019316

RECEIVED  
16 MAR 28 PM 4: 22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for FUEL MYZOR, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 616A00005324

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16 MAR 28 PM 3: 25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAR 28 PM 3:25

FUEL MYZOR, 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:

James G. McCully/Fuel Myzor  
12771 SW 107th Street  
Miami, FL 33186

David Bear  
747 Swann Road  
Statesville, NC 28625

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:

James G McCully

Name

12771 S.W. 107th Street

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

Miami

FL

33186

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..*

James G. McCully  
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

MGR

AMBR

AMBR

AMBR

**Name and Address:**

DAVID ALAN BEAR

747 SWANN ROAD

STATESVILLE, NC 28625

JAMES G. McCULLY

12771 SW 107 STREET

MIAMI, FL 33186

MICHAEL HALL

16455 HARBOR VIEW DR.

CHARLOTTE, NC 28278

BARBARA Liddell Thornhill

117 APPLE CIRCLE

CROSSVILLE, TN 38555

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 03/03/2016 (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.)

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

**REQUIRED SIGNATURE:**

David Alan Bear

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

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

DAVID ALAN BEAR

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)

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NOTICE OF FILING  
STATE OF FLORIDA