

L 16000 107630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

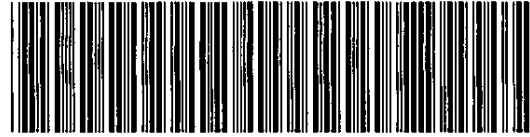
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500286361455

05/31/16--01008--015 **125.00

FILED
STATE OF OHIO
DIVISION OF REVENUE
16 MAY 31 AM 10:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DON HOLLEY'S AUTO REPAIR 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:

DON K. HOLLEY
Name of Person

DON HOLLEY'S AUTO REPAIR LLC
Firm/Company

403 BEVERLY PKWY
Address

PENSACOLA, FL 32505
City/State and Zip Code

DONHOLLEYSAUTOMO@BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DON HOLLEY at (850) 677-1515
Name of Person 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
 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:

DON HOLLEY'S AUTO REPAIR 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:

403 BEVERLY PKWY
PENSACOLA, FL 32505

SAME

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:

DON K HOLLEY

Name

1312 WILSON AVE

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

PENSACOLA, FL 32507

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.

x Don K Holley

Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 MAY 31 AM 10:03

STATE OF FLORIDA
DEPARTMENT OF STATE
CORPORATION DIVISION

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

DON K HOLLEY
1312 WILSON AVE
PENSACOLA, FL 32507

MARY HOLLEY
1312 WILSON AVE
PENSACOLA, FL 32507

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 06/01/2016 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

x Don K Holley

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.

DON HOLLEY

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)

16 MAY 31 AM 10:03

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS