(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

VINCENT AUTO	LLC			
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<u>.</u>	•	<u></u>	_	
	<u> </u>			Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
		,	X	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			X	Cert. Copy
				Photo Copy
			`	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature			-	Fictitious Owner Search
J				Vehicle Search
		_	-	Driving Record
Requested by: Seth	06/16/16	- •		UCC 1 or 3 File
Name		Time	·	UCC 11 Search
Hallie	Daic	THIC		UCC 11 Retrieval
Walk-In	Will Pick U	Jp		Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Markar Market	ralia		
VINCENT AU	end with the words "Limited	Liability Company	W I C " - W I C ")
(Musi	end with the words "Limited	Districtly Company	y, "L.L.C.," Of "LLC.")
ARTICLE II - Address:	•		
The mailing address and str	eet address of the principal of	ffice of the Limited	Liability Company is:
Pr	ncipal Office Address:		Mailing Address:
*****		201	JADDOUD ISLE DRIVE W
30 HARBOUR	ISLE DRIVE W	30 F	IARBOUR ISLE DRIVE W
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APT # 302 FORT PIERCE ARTICLE III - Registered The Limited Liability Com	FL 34949 I Agent, Registered Office, o	APT FOR & Registered Agent.	Γ # 302 RT PIERCE FL 34949
APT # 302 FORT PIERCE ARTICLE III - Registered The Limited Liability Community of the business entity with	FL 34949 I Agent, Registered Office, a pany cannot serve as its own an active Florida registration reet address of the registered	APT FOR Registered Agent. Agent. Agent are:	F# 302 RT PIERCE FL 34949 nt's Signature:
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h he 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)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	<u>ltie:</u> AMBR" = Authorized i	Member	Nams and Address:			
u	MGR" = Manager					
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