

L16000149023

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000197098 3)))



H160001970983ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : NOTARY-TAXES & CORPORATE FILING SERVICE, INC.
Account Number : 120120000057
Phone : (305)436-0979
Fax Number : (305)418-0788

16 AUG 10 PM 12:00
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

RECEIVED

16 AUG 10 PM 4:09

**FLORIDA LIMITED LIABILITY CO.
PALM CITY IMPORT, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

unc 8/11/16

08/10/2016 4:20 PM FAX

0004/0004

From:

H16000197098


August 3, 2016

TO: Florida Department of State
Division of Corporations

RE: Palm City Imports, Inc.

Please be advised that **Palm City Imports, Inc.** will not be re-instated. As the 100% owner of **Palm City Imports, Inc.**, I authorize the release of the name.

Thank you.

X 

Clifford Morgan, President

H16000197098

From:

H16000197098

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PALM CITY IMPORTS, 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:

1871 S.W. AUTUMNWOOD WAY
PALM CITY, FLORIDA 34990-7749

1871 S.W. AUTUMNWOOD WAY
PALM CITY, FLORIDA 34990-7749

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:

CLIFFORD MORGAN

Name

1871 S.W. AUTUMNWOOD WAY

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

<u>PALM CITY</u>	<u>FLORIDA</u>	<u>34990-7749</u>
City	State	Zip

16 AUG 10 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 this 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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H16000197098

From:

H16000197098

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

Name and Address:

CLIFFORD MORGAN
1871 S.W. AUTUMNWOOD WAY
PALM CITY, FLORIDA 34990-7749

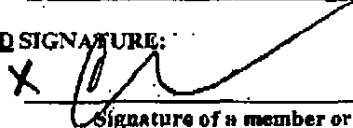
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08/03/2018 (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 

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.

CLIFFORD MORGAN, MANAGING MEMBER
Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE
16 AUG 10 PM 12:00

H16000197098