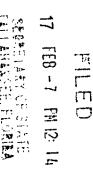
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(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
_	_/	_
PICK-UP	WAIT WAIT	MAIL
(Business Entity Name)		
(53)	on contract	,
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		





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02/07/17--01010--005 **130.00



COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: AUTOMOTIVE WHOLESALE GROUP, 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:		
JAMES H. CAIN, SR Name of Person		
AUTOMOTIVE WHOLESALE GROWP, LLC Firm/Company		
P.O. Box 64 Address		
Woupulle, Fl 32362 City/State and Zip Code		
For further information concerning this matter, please call:		
Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}		
Mailing Address Street Address		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AUTOMOTIVE WHOLE		PM 12: 1
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		TALLAHASSEE FLORIDA
The mailing address and street address of the principal office of t	the Limited Liability Company is:	**************************************
Principal Office Address:	Mailing Address:	
1736 FIREFLY LY	P.O. BOX 44	
TALLAHASSER FL	WOODYLLUE, FL	<u>'7</u>
		*
ADTICLE III - Degistered Agent Registered Office & Regis	stered Agent's Signature:	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAMES H. CAIN, STZ Name

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

TALLAHOSSEE FL 32305

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)

Page 1 of 2

The name and address of each personal Title:	on authorized to manage and control the Limited Liability Company: Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	JAMES H. CAIR SR 1734 FIREFLY UN TALLAHASSEE FL 32/305	
MGR	FRANCE (AIN) 1734 FIREFLY LN TOUCHLASSETT, FL 72/305	
(Use attachment if necessary)		
the date of filing.)	be specific and cannot be more than five business days prior to or 90 days at not meet the applicable statutory filing requirements, this date will not be listed	
REOUIRED SIGNATURE:	nes H. Cain, SR.	
This document is a lam aware that an	f a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	
JAM	ES H. CAM, STE	
	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-