

Division of Corporations

L17000164096

https://efile.sunbiz.org/scripts/efilcovr.exe

**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.

(((H17000200224 3)))



H170002002243ABCS

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 : BARRON & REDDING, P.A.
Account Number : 073617000710
Phone : (850) 785-7454
Fax Number : (850) 785-2999

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
EURASIAN AUTOMOTIVE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

17 AUG -1 PM 4:40

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
17 AUG -1 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit No. H17000200224 3

**ARTICLES OF ORGANIZATION FOR
EURASIAN AUTOMOTIVE, LLC****ARTICLE I
NAME**

The name of the limited liability company is EURASIAN AUTOMOTIVE, LLC

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address
4740 Highway 389
Lynn Haven, FL 32444

Mailing Address
4740 Highway 389
Lynn Haven, FL 32444

**ARTICLE III
REGISTERED AGENT**

The name and Florida street address of the registered agent is Barron & Redding, P.A., 220 McKenzie Avenue, Panama City, FL 32401.

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 provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position a registered agent as provided for in Chapter 605, F.S.


Brian D. Leebrick
Authorized Representative

**ARTICLE IV
MANAGER**

The name and address of the Manager is as follows:

Robert N. Bergloff
4740 Highway 389
Lynn Haven, FL 32444

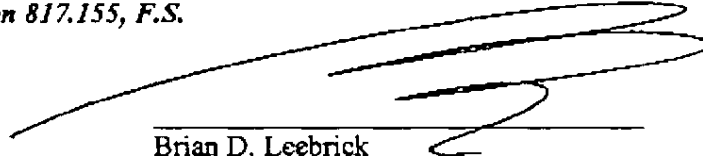
April Bergloff
4740 Highway 389
Lynn Haven, FL 32444

FILED
17 AUG - 1 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit No. H17000200224 3

Fax Audit No. H17000200224 3

In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Secretary of State constitutes a third degree felony as provided for in Section 817.155, F.S.



Brian D. Leebrick
Authorized Agent

FILED
17 AUG - 1 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit No. H17000200224 3