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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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# COVER LETTER

TO:

**New Filing Section** 

Div	ision of Corporations			
SUBJECT:	Motor St Name of L	vap King's imited Niability Company	L.L.C.	
The enclosed	Articles of Organization and fee(s) a	are submitted for filing.		
Please return	all correspondence concerning this n	natter to the following:		
_	Carlos	Buckner		_
_		Name of Person		1617 DE
_	442 King st	Firm/Company	6.	14 BI 3
		Address		2: 0
-	Cocoa Floric Carlos d Buck E-mail address: (to be use	City/State and Zip Code  Oer @ GWail  d for future annual repondonotification	i COM·	-
For further info	ormation concerning this matter, plea	se call:		
<u>(</u>	Parlos Buckner at (	321) 917 10   Area Code Daytime Telephone N	Number	
Enclosed is a	check for the following amount:			
\$125.00 Fili	ng Fee S130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing Section  Division of Corporation  Clifton Building  2661 Executive Center (  Tallahassee, FL 32301		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

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:

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

City State

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..

Registered Agent's Signature (REQ

(CONTINUÈQ)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
_MGR	Larlos Duckner
	COCOQ FIJ 32922:
(Use attachment if necessary)	
CLEV: Effective date, if other than	the date of filing: $12-13-18$ (OPTIONAL)
ffective date is listed, the date mu e of filing.)	ist be specific and cannot be more than five business days prior to or 90 days a
1.7	oes not meet the applicable statutory filing requirements, this date will not be list
rument's effective date on the Dep	eartment of State's records.
LE VI: Other provisions, if any.	
in vi. One provisions, it any.	
The Office provisions, it aliv.	
REQUIRED SIGNATURE:	Buhn
REQUIRED SIGNATURE:	Bulmu e of a member or an authorized representative of a member.
REQUIRED SIGNATURE:	· · · · · · · · · · · · · · · · · · ·

Filing Fees:

Carlos Buckner
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)