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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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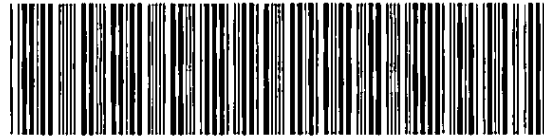
(Business Entity Name)

(Document Number)

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LLC

SKIP AUTO, LLC

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

**KLEIN & KLEIN, LLC**

Attorneys at Law  
40 Southeast 11<sup>th</sup> Avenue  
Ocala, Florida 34471

PHONE (352) 732-7750  
FAX (352) 732-7754

HARVEY R. KLEIN (1922-2003)  
H. RANDOLPH KLEIN  
FRED N. ROBERTS, JR.  
LAWRENCE C. CALLAWAY, III

January 2, 2018

**TO: Registration Section  
Division of Corporation**

**RE: SKIP AUTO, LLC**

**The attached Articles of Organization and fees are submitted for filing.**

**The following is the email address for the LLC:**

**fred@kleinandkleinpa.com**

**For further information concerning this matter, please call**

**Joyce Henry at (352) 732-7750**

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SKIP AUTO, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

40 Southeast 11<sup>th</sup> Avenue  
Ocala, FL 34471

**Mailing Address:**

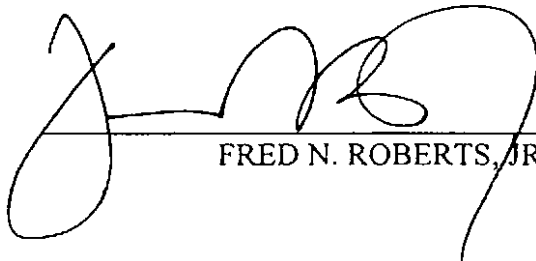
40 Southeast 11<sup>th</sup> Avenue  
Ocala, FL 34471

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

FRED N. ROBERTS, JR.  
40 Southeast 11<sup>th</sup> Avenue  
Ocala, FL 34471

*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, Florida Statutes.*

  
\_\_\_\_\_  
FRED N. ROBERTS, JR.

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each person authorized to manage and control the Limited Liability Company:

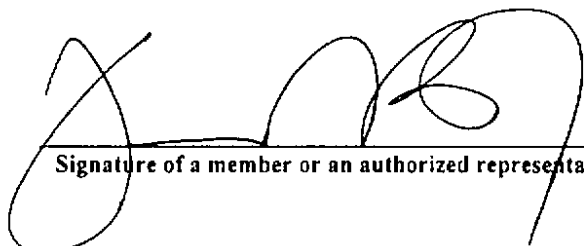
**Title:**

**Name and Address:**

"MGR"

Fred N. Roberts, Jr.  
40 Southeast 11<sup>th</sup> Avenue  
Ocala, FL 34471

**REQUIRED SIGNATURE:**



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 in s.817.155, F.S.

FRED N. ROBERTS, JR.  
Typed or printed name of signee

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