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## COVER LETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Pobinson Au Name of Limited	tomotive GROUP LLC  J Liability Company			
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Shery 1 F	ame of Person			
Firm/Company				
2441 MONTICELLO DR. Address				
TAIIAMASSEC City/S Remy GIRIZE E-mail address: (to be used for	FLURIDIA 32303 State and Zip Code  Substitute and Teport notification)			
For further information concerning this matter, please call:				
Shery Pobinson at (85) Name of Person Area (	Pode Daytime Telephone Number			
Enclosed is a check for the following amount:				
Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy dditional copy is enclosed)  Certified Copy (additional copy is enclosed)			
Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	Street Address  New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FI, 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:						
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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
2441 MONTICE NO DR.	2441 mont 100 DR 7. H, 12 32303

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:

J'her.	Name Pobi	nson
2441 Florida street addres	<u> </u>	
72. <i>H</i>	FZ	<u> 323<b>03</b></u>
City	State	Zip

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 diales, 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)

## ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager\_ (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_. (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:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605 0203 (1) (by Elysida S

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.

Typed of 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)