

L1800012146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

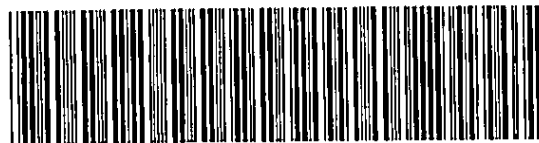
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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18 MAY 16 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
MAY 16 2018

W18-36698



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2018

JOSE L. MUNOZ
3105 NW 107TH AVE., STE. 400
DORAL, FL 33172

SUBJECT: HONDCUB TRUCK PARTS LLC
Ref. Number: W18000036688

We have received your document for HONDCUB TRUCK PARTS LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The filing fee for a limited liability company is \$125.00. No payment was received. Please submit the filing fee of \$125.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 218A00007874

Copy

April 30th, 2018

HONDCUB TRUCK PARTS LLC
3105 NW 107th Ave., Suite 400
Doral, FL 33172

New Filing
DIVISION OF CORPORATION
P.O. BOX 6327
Tallahassee, FL 32314

Re: Document No. W18000036688 (HONDCUB TRUCK PARTS LLC)

The correction or updating department:

As per my conversation yesterday with your staff, it is my understanding that a signed Registered Agent's Signature is required and the money order I sent was missing or lost.

Please find a copy of:

- 1) Document No. W18000036688
- 2) Signed Registered Agent's sheet, and
- 3) US Postal Service Money Order

If there's any additional question, please contact me.

Jose L. Munoz
UCC 1-308
Hondcub Truck Parts LLC

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: HONDCUB TRUCK PARTS 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:

JOSE L MUNOS
Name of Person
HONDCUB TRUCK PARTS LLC
Firm/Company
3105 NW 107th Ave. Suite 400
Address
Doral, FL 33172
City/State and Zip Code
sales@hondcubparts.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE L MUNOZ at (305) 805-5990
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HONDCUB TRUCK PARTS LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3105 NW 107th Ave

Suite 400

Doral, FL 33172

Mailing Address:

3105 NW 107th Ave

Suite 400

Doral, FL 33172

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:

Registered Agents Inc.

Name

3030 N. Rocky Point Dr. STE 150A

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

Tampa

FL

33607

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 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 Agents Inc.

Bill Havre

Bill Havre

- Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

OFFICER

Name and Address:

JOSE L MUNOZ

3105 NW 107th Ave, #400

Doral, FL 33172

(Use attachment if necessary)

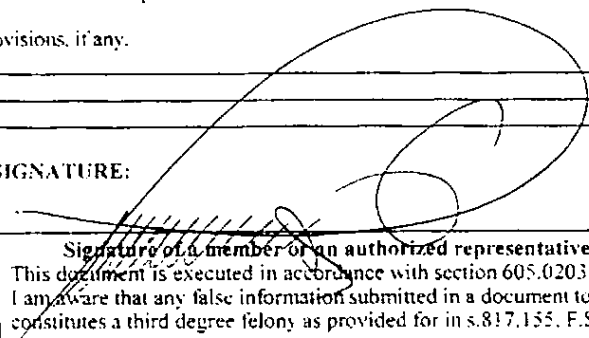
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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) (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.

JOSE L MUNOZ

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAY 16 AM 11: 26

FILED