

L18000132295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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05/29/18--01037--022 **160.00

2018 MAY 30 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 30 2018

K. Brumbley

May 21, 2018

Florida Department of State
Attn: Kyle Brumbley
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301


RE: Permission for Similar Name – Automotive Partners II, LLC and Automotive Partners III, LLC

Dear Mr. Brumbley,

I would like to request that you grant permission for the entity Automotive Partners II, LLC (Articles application enclosed) and Automotive Partners III, LLC (Articles application enclosed) to be formed. As President of Automotive Partners, Inc. (Document Number: P18000039863), I hereby grant my own permission for the applications.

Please let me know of any further questions or assistance I may provide.

Thank you and regards,

A handwritten signature in black ink, appearing to read 'Eric Capps', with a long horizontal stroke extending to the right.

Eric Capps
President
Automotive Partners, Inc.
734-495-3500

COVER LETTER

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

SUBJECT: Automotive Partners II, 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:

Eric Berglands-Cappo

Name of Person

Victory Automotive Group

Firm/Company

46352 Michigan Avenue

Address

Canton, MI 48188

City/State and Zip Code

travis.zollner@vagmgt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Zollner 734 495-3476

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

Automotive Partners II, 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:

8442 US Hwy 19
Port Richey, FL 34668

Mailing Address:

46352 Michigan Avenue
Canton, MI 48188

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:

Eric Berglands-Cappo

Name

8442 US Hwy 19

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

Port Richey

FL

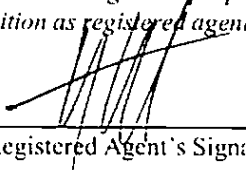
34668

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 Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

AMBR

Name and Address:

Eric Cappel

8442 US Hwy 19

Port Richey, FL 34668

(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.

Eric Berglands Cappel

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)