

L18000136806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

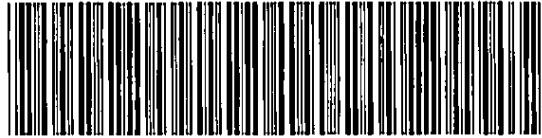
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01-11-2016

COVER LETTER

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

SUBJECT: Charlie's Auto Mechanic Center 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:

Shannon Stahlin

Name of Person

Direct Incorporation

Firm/Company

315 W Huron St, Ste 240

Address

Ann Arbor, MI 48103

City/State and Zip Code

documents@directincorp.com

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

For further information concerning this matter, please call:

Shannon Stahlin

877

281-6496

at (_____) _____

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

511123 1-100 8102

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CHARLIE'S AUTO MECHANIC CENTER

2393 NORTH MILITARY TRAIL

WEST PALM BEACH, FL, 33409

To Whom It May Concern:

My name is Karen Bryan, I am the previous owner of Charlie's Auto Mechanic Center. I am opening a new company with the name CHARLIES AUTO MECHANIC CENTER. This is a completely separate company and I have no intention of reinstating the old entity.

Karen Bryan

Karen Bryan

914 RD 1 - RD 1002

01/11/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Charlie's Auto Mechanic Center 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:

2393 N. Military Trail
West Palm Beach, FL
33409

Mailing Address:

4220 42nd Way
West Palm Beach, FL
33407

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:

Karen Clarke

Name

4220 42nd Way

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

West Palm Beach

FL

33407

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..

Karen Clarke

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2013 JUN -1 PM 1:15
2013 JUN -1 PM 1:15

