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		COVERLET	rer <sup>v</sup>	
	ew Filing Section vision of Corporations			
CUBUCC	Charlie's Auto Mechanic Center	LLC		
SUBJECT	Name of Limited Liability Company			
The enclose	ed Articles of Organization and fee(	s) are submitted	for filing.	
Please retu	m all correspondence concerning th	is matter to the f	ollowing:	
	Shannon Stahlin			
		Name of	Person	
	Direct Incorporation			
		Firm/Co	mpany	
	315 W Huron St, Ste 240			
	<u> </u>	Addr	ess	
	Ann Aror, MI 48103			
	documents@directincorp.com	City/State an	d Zip Code	
-		used for future a	annual report notification)	
For further in	nformation concerning this matter, p	please call:		
	Shannon Stahlin	877 N (	281-6496	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is	a check for the following amount:			
\$125.00 Fi	ling Fee <b>V</b> \$130.00 Filing Fee Certificate of Statu		00 Filing Fee & S160.00 Filing Fee ed Copy al copy is enclosed) Certificate of Statu Certified Copy (additional copy is en	
	<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street AddressNew Filing SectionDivision of CorporationsClifton Building2661 Executive Center CircleTallahassee, FL 32301 $\zeta_1 : 1 : 1 : 1 = 1 + 111^3$ and $\zeta_2$	

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CHARLIE'S AUTO MECHANIC CENTER 2393 NORTH MILITARY TRAIL WEST PALM BEACH, FL, 33409

To Whom It May Concern:

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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.

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Karen Bryan Koven 1 Xya

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE 1 - 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:	Maning Address:		
2393 N. Military Trail	4220 42nd Way		
West Palm Beach, FL	West Palm Beach, FL		
33409	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:

Defendent Office Address

Karen Clarke		
	Name	
4220 42nd Way		
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
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..

Katen Clorve 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:

AMBR" = Authorized Member		
MGR" = Manager \MBR	Karen Clarke	
	4220 42nd Way	
	West Palm Beach, FL 33407	
AMBR	Selvin Clarke	
	4220 42nd Way	
	West Palm Beach, FL 33407	
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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.)

<u>Note:</u> 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.

## **REOUIRED SIGNATURE:**

Clarke aven

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.

Karen Clarke

Typed or printed name of signee

## **Filing Fees:**

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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