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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phon	e #)
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(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		
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### COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: J, A. K. S. A vto motific Finterprise 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:		
· Anthony E Scott		
Name of Person		
10207 Benera DC		
Tampy, FL 33647  City/State and Zip Code  Ascottaga & Cmn. [. Com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Anthony Scott at (67) 316-9186  Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:  S125.00 Filing Fee Status  S130.00 Filing Fee Status  Certificate of Status  (additional copy is enclosed)  S160.00 Filing Fee.  Certificate of Status		

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, Fl. 32314

## $\underline{Street\,Address}$

New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle Taliahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
J.A.K.S. Automotive Enter	erise LLC.
(Must contain the words "Limited Liability Cor	npany, "L.L.C.," or "LLC.")
ARTICLE II - Address:	imited Liability Company is:
The mailing address and street address of the principal office of the l	Milited Flability Company is.
Principal Office Address:	Mailing Address:
MACT RANGUE OF	Same
10207 Beneva Dr. TUMPA, FL 33647	
- And	
ARTICLE III - Registered Agent. Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or
The name and the Florida street address of the registered agent are:	
Anthony E. Sci	9++
Name	

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.

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

10207 Benera Dr

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR (Use attachment if necessary) (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. Anthony E. Scott
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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)