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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : GILLIGAN, GOODING, FRANJOLA & BATSEL P.A.
Account Number : I20010000016
Phone : (352)867-7707
Fax Number : (352)867-0237

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: TILLMAN@TILLMANENG.COM

**FLORIDA LIMITED LIABILITY CO.
SOUTH MARION AUTO BROKERS, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

South Marion Auto Brokers, LLC

ARTICLE II - Address:

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

Principal Office Address:

1016 SE 3rd Avenue
Ocala 34471
FL

Mailing Address:

P.O. Box 4176
Bellevue FL 34421

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:

David Tillman
Name

1720 SE 16th Avenue, Building 100
Florida street address (P.O. Box is NOT acceptable)

Ocala, FL 34471
City, State, and 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.

DocuSigned by:

Jonathan David Tillman

~~Registered Agent's~~ Signature (REQUIRED)

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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

Name and Address:

MGR

David Tillman
1720 SE 16th Avenue, Building 100
Ocala, FL 34471

MGR

Jonny Heath
1016 SE 3rd Avenue
Ocala, FL 34471

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).

ARTICLE VI: Other Provisions, if any.

These Articles can be amended by vote or written consent of the holders of a majority of the membership interests.

REQUIRED SIGNATURE:

Designated by:

Jonathan David Tillman

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

David Tillman

Typed or printed name of signee

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