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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

TO: New Fifing So Division of C				
SUBJECT:	Peraltue	Auto, LLC mited Liability Company		
	Name of Lif	fulca Liability Company		
The enclosed Articles of	of Organization and fee(s) ar	e submitted for filing.		
Please return all corresp	pondence concerning this ma	atter to the following:		
	France	1160 Q. Devalle Name offerson	2	
	Per	altus Auto, LLC Firm/Company	,	
	734	O Carry for Re	d Unit A To	452/
	Dr.	ity/State and Zip Code - peratta a yeloo. for future annual report notificat	2	
	+	- Deratta 6) waln.	(HM)	
	E-mail address: (to be used	for future annual report notificat	ion)	
	oncerning this matter, please			
Francisco Nag	Secolta at (rea Code Daytime Telephor	COULS SECRETAR ALL AHASS	فسكنت
Enclosed is a check for	the following amount:		MY 25 CTARY MASSO	
□\$125,00 Filing Fee	25/30,00 Filing Fee & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fcc. Certificate of Status Certified Copy— (additional copy is enclosed)	T T
Maili	ng Address	Street Address		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company; Name and Address: "AMBR" = Authorized Member "MGR" = Manager Secretary (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. \(\sigma\) This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes.

Filing Fees:

I am aware that any false information submitted in a document to the Department of States

Typed or printed name of signee

Ω

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817,155, F.S.

ancisco

\$ 30,00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)