121000283451

(Requestor's Name)			
, , , , , , , , , , , , , , , , , , , ,			
(Add	-\		
(Address)			
(Address)			
(City/Sta	ate/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
_ , -	_	_	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	Status	
	COMMODICO OF		
Special Instructions to Filing Officer:			
ļ.			
<u></u>			

Office Use Only



900356539729

12/21/20--01012--025 ***155.00 つかに対え

21 JUN 18 PH 3: K6

J DENNIS J DENNIS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
SUPERIOR CAR AGENCY, LLC	
(Must contain the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
596 SW TUNDRA GLN	596 SW TUNDRA GLN
LAKE CITY, FL 32024	LAKE CITY, FL 32024
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
JONATHAN MAULDIN	
	Name
596 SW TUNDRA GLN	
Florida street address ((P.O. Box <u>NOT</u> acceptable)
LAKE CITY	F <u>L</u> 32024
City	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MEL AMEL	JONATHAN MAULDIN EALD SW TUNDEN GLN. LAKECTY, FL 32024
(Use attachment if necessary)	
LE V: Other provisions, if any.	
DEORIDEN CICARTUDE.	
REQUIRED SIGNATURE:	17
- Jon Mant	du
This document is executed in accordance	an authorized representative of a member with section 605,0203 (1) (b), Florida Statutes, I am aware the nent to the Department of State constitutes a third degree fel
JONATHAN MAULDIN	
Туј	ped or printed name of signee Filing Fees
	<u>rinng rees</u> f Organization and Designation of Registered 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)