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| PICK-UP | ☐ WAIT | MAIL | |
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| Certified Copies | _ Certificates o | of Status | |
| Special Instructions to Filing Officer: | | | |
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COVER LETTER

| TO: | New Filing Section Division of Corporations | | | | | |
|--|---|------------------------------------|---|--|--|--|
| | AD Motors Holdings, LLC | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | |
| The enc | losed Articles of Organization and fe | e(s) are submitte | d for filing. | | | |
| | eturn all correspondence concerning | | • | | | |
| | Logan S. Parker, Esq. | | | | | |
| | · · · · · · · · · · · · · · · · · · · | Name o | of Person | | | |
| | Bass Sox Mercer | | | | | |
| | | Firm/C | ompany | | | |
| | 2822 Remington Green Circle | | | | | |
| | | Ado | tress | | | |
| | Tallahassee, Florida 32308 | | | | | |
| | lparker@dealerlawyer.com | Cîty/State a | nd Zip Code | | | |
| | | e used for future | annual report notification) | | | |
| For furthe | er information concerning this matter. | please call: | | | | |
| | Logan Parker | 850 | 878-6404 | | | |
| | Name of Person | at (Area Code | Daytime Telephone Number | | | |
| Enclose | d is a check for the following amount | .: | | | | |
| \$125.00 | Filing Fee S130.00 Filing Fe Certificate of State | _{tus} LI _{Certi} | .00 Filing Fee & S160.00 Filing Fee, fied Copy Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle | | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liabili | ty Company is: | | |
|---|---|---------------------------|---|
| AD Motors Holding | s, LLC | | |
| (Must con | tain the words "Limite | ed Liability Com | pany, "L.L.C.," or "LLC,") |
| ARTICLE II - Address: The mailing address and street a | address of the principa | l office of the Li | imited Liability Company is: |
| <u>Princip</u> | oal Office Address: | | Mailing Address: |
| 4639 Gulf Starr Driv | ve | | 4639 Gulf Starr Drive |
| Destin, Florida 3254 | 11 | | Destin, Florida 32541 |
| ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street | y cannot serve as its or active Florida registra | wn Registered A tion.) | l Agent's Signature: gent. You must designate an individual or |
| | | Name | |
| | 2822 Remington Gree | en Circle | |
| | Florida street addı | ess (P.O. Box 🗴 | (OT acceptable) |
| | Tallahassee | Florida | 32308 |

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.

State

Zip

City

(CONTINUED)

Jogan D. Parker

Registered Agent's Signature (REQUIRED)

5.63 127 137 15.63 - 1.27.23 1571 152 ARTICLE IV-

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

| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | Michael G. Cooke |
| | 4639 Gulf Starr Drive |
| | Destin, Florida 32541 |
| MGR | Thomas A. Buckley |
| | 4639 Gulf Starr Drive |
| | Destin, Florida 32541 |
| MGR | Amy Joy Buckley |
| | 4639 Gulf Starr Drive |
| | Destin, Florida 32541 |
| | Destrict Front Section 1 |
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| | |
| | |
| | |
| (Use attachment if necessary) | |
| (2.00 | |
| RTICLE V: Effective date, if other than the date of filin | ng: . (OPTIONAL) |
| | and cannot be more than five business days prior to or 90 days after |
| e date of filing.) | |
| | e applicable statutory filing requirements, this date will not be listed as |
| ne document's effective date on the Department of State | · · · · · · · · · · · · · · · · · · · |
| | |
| RTICLE 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.

Logan S. Parker

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)

\$ 5.00 Certificate of Status (Optional)