

L23600151083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

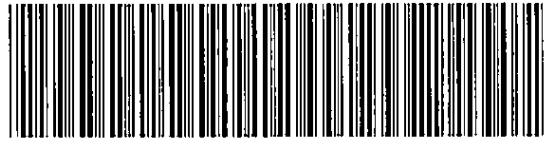
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800404963848

01/10/23--01007--010 1130.00

2023 FILE - C AM 7:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
ED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2023

JOHN FRANKLIN  
P.O. BOX 702  
HAWTHORNE, FL 32640-0702 US

SUBJECT: MOTO AUTO MOBILE LLC  
Ref. Number: W23000009535

We have received your document for and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 923A00001924

2023 FEB -2 AM 7:24  
FILED  
TALLAHASSEE, FLORIDA

2023  
FEB 2 4:45

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** MOTO AUTO MOBILE 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:

JOHN FRANKLIN  
Name of Person

Firm/Company

2611 SE COUNTY RD 219A  
Address

HAWTHORNE, FLORIDA 32640  
City/State and Zip Code

MOTOAUTOREPAIRS@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN FRANKLIN      407      205-6710  
Name of Person      at (      )      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 FEB -2 AM 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MOTO AUTO MOBILE LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

MOTO AUTO MOBILE LLC

2611 SE COUNTY RD 219A

HAWTHORNE, FLORIDA 32640

Mailing Address:

MOTO AUTO MOBILE LLC

P.O. BOX 702

HAWTHORNE, FLORIDA 32640

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:

JOHN FRANKLIN

Name

2611 SE COUNTY RD 219A

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

HAWTHORNE

FLORIDA

32640

City

State

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)

2023 FEB -2 AM 7:24  
COUNTY CLERK  
CLERK OF COURT  
CLERK OF COURT

**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:**

AMBR

JOHN FRANKLIN  
2611 SE COUNTY RD 219A  
HAWTHORNE, FL 32640

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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.

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.

JOHN FRANKLIN

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)

2023 FEB -2 AM 7:24

NOTARIAL  
STAMP

ED