L23000250359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: J20210000160 **$ 125.00**
Authorization Signature: _____
LowCost Auto Sales LLC
Business Name Doc. #

___**Certified Copy of Articles of Organization**
__ **Certificate of Status**

**NEW FILINGS**

__ Profit Corp
____Not for Profit
____Officer/Director
_ X_ _Limited Liability
____Domestication
____Other
__ **CORP**
___ **LLLP**

**AMENDMENTS**

___Amendment
__ Resignation of R.A.

___ Change of Registered Agent
____Revocation of Dissolution
__ __Merger
___**Conversion**
___ **Amended and restated Articles**
___**Statement of Authority**

**OTHER FILINGS**

____Annual Report

____Fictitious Name

__ APOSTILLE _____Other
**Country**

**REGISTERATION/QUALIFICATIONS**

__ Foreign filing
____Limited Partnership
___ Reinstatement

**EXAMINER'S INITIALS:**_____

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**EXAMINIER'S INITIALS:_____**

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LowCost Auto Sales LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARLOS Alberto Silva Lewis
Name of Person

Firm/Company

18580 E. Colonial Dr Ste 211
Address

ORLANDO FL 32820
City/State and Zip Code

lowcostautosalesorlando@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS Alberto Silva at 813 ) 600-8800
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

X $125.00 Filing Fee

☐ $130.00 Filing Fee & Certificate of Status

☐ $155.00 Filing Fee & Certified Copy (additional copy is enclosed)

☐ $160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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TALLAHASSEE, FLORIDA

**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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is

LowCost Auto Sales 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:**

18580 E Colonial Dr. Ste 211
ORLANDO FL 32820

**Mailing Address:**

18580 E. Colonial Dr. Ste 211
ORLANDO FL 32820

**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

CARLOS Alberto Silva Lewis
Name

18580 E. Colonial Dr Ste 211
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO FL 32820
City State Zip

*I have 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: | Name and Address: |
|---|---|
| "AMBR" Authorized Member<br>"MGR" Manager | |
| President | Carlos Alberto Silva Lewis<br>18580 E Colonial Dr Ste 211<br>Orlando FL 32820 |
| | |
| | |

(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, 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.

Carlos Alberto Silva Lewis
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)

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