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(Requestor's Name)

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(City/State/Zip/Phone #)

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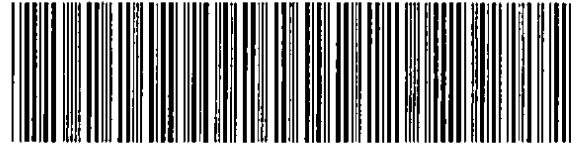
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

THE COHN LAW FIRM

*A Limited Liability Company*

*David M. Cohn*

*D. Brian Cohn\**

*Bartley P. Bourgeois*

*Allyson S. Jarreau*

*\*Masters of Law in Taxation*

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BATON ROUGE, LOUISIANA 70810  
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July 13, 2023

**VIA FEDEX #: 7727 3547 7450**

**& RETURN FEDEX #: 7913 7387 2031**

Florida Department of State

New Filing Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

**Re: Delta Auto Leasing, LLC  
Articles of Organization for Florida Limited Liability Company  
Our file no: 34376**

Dear Sir or Madam:

Enclosed herewith please find an original and one copy of the *Articles of Organization for Florida Limited Liability Company* for the above-referenced limited liability company. Also enclosed please find this firm's check #28724 in the amount of \$160.00 to cover the cost of registering Delta Auto Leasing, LLC with the Florida Department of State, a certified copy of the filed Articles of Organization, and a Certificate of Status. Please return the certified copy of the filed Articles of Organization and the Certificate of Status to my attention in the self-addressed Fed Ex envelope supplied herein.

Thank you in advance for your assistance with this matter.

Very truly yours,

s/*Karen H. Manzano*

Karen H. Manzano,  
Legal Assistant to  
D. Brian Cohn

DBC/km  
Enclosures

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Delta Auto Leasing, 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:**

**Mailing Address:**

15401 West Dixie Hwy.  
North Miami Beach, FL 33162

15401 West Dixie Hwy.  
North Miami Beach, FL 33162

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

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..*

Lee Nickel / Assistant Secretary  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

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**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

Delta Auto Group, LLC  
17732 Highland Road, Suite G-285  
Baton Rouge, LA 70810

MGR

Tony W. Harper  
17732 Highland Road, Suite G-285  
Baton Rouge, LA 70810

(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.

Tony W. Harper

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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TALLAHASSEE, FL

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