

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)
Account Number : I20030000004
Phone : (407)835-6769
Fax Number : (407)843-4076

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corpmail@shutts.com

T.S.H.

11/7/23 FLORIDA LIMITED LIABILITY CO.

Pompano B Automotive Management, LLC

Certificate of Status	0
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* Please note Effective Date of November 7, 2023

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:
POMPANO B AUTOMOTIVE MANAGEMENT, LLC

ARTICLE II - Address

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

3031 North Rocky Point Drive West, Suite 770
Tampa, Florida 33607

ARTICLE III - Management

The Limited Liability Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be:

Larry C. Morgan - MGR

ARTICLE IV - Officers

The initial Officers of the Limited Liability Company shall serve until their resignation or removal in accordance with the Operating Agreement of the Limited Liability Company. The initial Officers shall be:

Brett A. Morgan	CEO
Larry C. Morgan	PST

ARTICLE V - Effective Date

The Effective Date of the Limited Liability Company shall be November 2, 2023.

ARTICLE VI - Registered Agent and Office and
Registered Agent's Signature

The name and the Florida street address of the registered agent are:

CORPORATION COMPANY OF ORLANDO
300 South Orange Avenue, Suite 1600 (JGH)
Orlando, Florida 32801

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, Florida Statutes.

CORPORATION COMPANY OF ORLANDO

By: _____

(Registered Agent's Signature)

Michael L. Gore, Vice President

Signature of a member or an authorized representative of a member
Leann M. Warfield, Esquire, Authorized Representative

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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, Florida Statutes)

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