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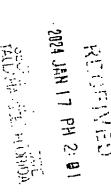
(Requestor's Name)						
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DATE:

01/17/2024

NAME: DIRECTION AUTO SALES LLC

TYPE OF FILING: ARTICLES

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COVER LETTER

TO:	New Filing Secti Division of Corp		·	•			
		I AUTO SALES L	LC				
SUBJECT: 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:							
	CARL L KENNEDY						
	Name of Person						
KENNEDY & GOARD LLC							
	Firm/Company						
	980 N FEDERAL HWY STE 110						
	Address						
	BOCA RATO	ON FL 33432					
			City/State	and Zip Code			
CLKTax@AOL.COM E-mail address: (to be used for future annual report notification)							
F C				•			
For further information concerning this matter, please call:							
	CARL L KE	√NEDY — _ — ———	304 at ()			
	Nam	e of Person	Area Cod	e Daytime Telephon	e Number		
Enclos	ed is a check for the	ne following amou	nt:				
	5.00 Filing Fee	□\$130.00 Filing Certificate of St	g Fee & 🔲	\$155.00 Filing Fee & raified Copy tional copy is enclosed)	☐\$160.00 Filing Fee, 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 D The Centre of Tallah 2415 N. Monroc Stree Tallahassee, FL 3230	assee et, Suite 810		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	oany is:						
DIRECTION AUTO SALES (Must contain the	S LLC words "Limited L	iability Comp	eny, "L.L.C.," or "LI.C.")				
ARTICLE II - Address: The mailing address and street address of	of the principal of	fice of the Lir	nited Liability Company is:				
Principal Office Address:			Mailing Address:				
ORLANDO FL 32810			ORLANDO FL 32810				
another business entity with an active h	t serve as its own Florida registration	n.)	Agent's Signature: gent. You must designate an individual or				
The name and the Florida street address	s of the registered	agent are:					
CAL	RL L KENNEDY						
		Name					
980 N FEDERAL HWY STE 110							
· Flo	Florida street address (P.O. Box NOT acceptable)						
<u>BO</u>	CA RATON	FL_	33432				
	City	State	Zip				
place designated in this certificate, I here	by accept the app ns of all statules ro ons of my position	olnument as re elating to the p as registered	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I gent as provided for in Chapter 605, F.S				
		(CONTINI	UED)				

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager JOHN RUIZ AMBR 5625 EDGEWATER DRIVE ORLANDO FL 32810 BRIANNA RUIZ 5625 EDGEWATER DRIVE AMBR ORLANDO FL 32810 (Use attachment if necessary) _. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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 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. TO TRANSACT ANY OR ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED. REQUIRED SIGNATURE: Ignature of a member of 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 RUIZ 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)

ARTICLE IV-

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