

L24000 W2730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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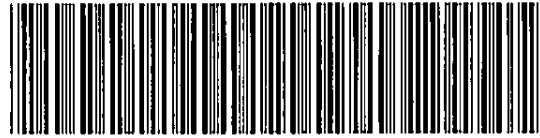
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/07/24--01001--006

CLERK OF STATE
TALLAHASSEE, FL

2024 MAY -6 AM 9:47

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TALLAHASSEE, FLORIDA

2024 MAY -6 PM 3:47

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Prime Autos & Co. 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

Deron McCombs

Name of Person

Car Dealership

Firm Company

1100 N Florida Mango Rd J

Address

West Palm Beach, FL 33409

City State and Zip Code

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Deron McCombs 561 469-2950
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount

- ☐ \$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)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prime Autos & Co. 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:

Deron McCombs

1100 N Florida Mango Rd j. West Palm

1100 N Florida Mango Rd j.
West Palm Beach, FL 33409

Beach, FL 33409

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

Deron McCombs

Name

1020 nw 25th ave

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

pompano beach

fl

33069

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.

D McCombs

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Deron McCombs

1100 N Florida Mango Rd., West Palm Beach, FL

33409

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/19/2024 (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 Statute.
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.

Deron McCombs

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)

DEPARTMENT OF STATE
TALLAHASSEE, FL

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