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LAW OFFICES
CARSON & POWELL, P.C.
101 SOUTHFIELD ROAD, SUITE 301
BIRMINGHAM, MICHIGAN 48009

STEVEN C. POWELL

TELEPHONE (248) 594-9600

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(248) 594-9700

DECL. of Prop, January 6, 1999

00789-00524-00671 W99-1701

3/25

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

000002736700--2
-01/11/99-01101-019
****285.00 ****285.00

Re: Articles of Organization

Dear Sir or Madam:

Enclosed please find Articles of Organization and Affidavit, and Designation of Registered Agent for All Pro Luxury Limousines by WFM, LLC. Kindly file and return a copy to me at the above address. Also enclosed is a check for \$285.00 to cover the applicable filing fees.

If you have any questions or comments, please feel free to contact me.

Sincerely,

Carson & Powell, P.C.

Steven C. Powell

/dlu

Encls

USA.Allpro.FL Corp 12-16-98.ltr

Steven Powell GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article VI + Affidavit
DATE 3/25/99
TO EXAM MGB

Name	Availability
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 25 PM 2:25



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 25, 1999

STEVEN C. POWELL
CARSON & POWELL, P.C.
101 SOUTHFIELD ROAD, SUITE 301
BIRMINGHAM, MI 48009

SUBJECT: ALL PRO LUXURY LIMOUSINES BY WFM, LLC
Ref. Number: W99000001701

We have received your document for ALL PRO LUXURY LIMOUSINES BY WFM, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The affidavit must contain a description of the property listed.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 499A00003120

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All Pro Luxury Limousines by WFM, LLC

ARTICLE II - Address:

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

2000 Main Street
Dunedin, Florida 34698

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

John Muller
Hans Freiesleben
2000 Main Street
Dunedin, Florida 34698

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

A vote of approval of 100% of existing members

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 25 PM 2:25

ARTICLE VI - Members Rights to Continue Business:

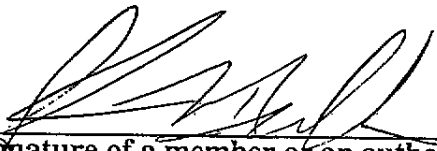
The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

Pursuant to written operating agreement, members will have the right to continue business.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of All Pro Luxury Limousines
by WFM, LLC certifies:

- 1) the above named limited liability company has at least one member;
 - 2) the total amount of cash contributed by the member(s) is \$ 1,000 ;
 - * 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 30,000 ;
(A description of the property is attached and made a part hereto.); and
 - 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 31,000 ;
- * Automobile, see attached.


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John Muller

Typed or printed name of signer

Filing Fee: \$250.00 for Articles and Affidavit

IF TITLE IS NOT RECEIVED WITHIN 60 DAYS
SEE REVERSE SIDE FOR IMPORTANT INFORMATION

P. 02/02

2

00745

39 12

0 1686.85

16:28 12/22/98

DECAL NUMBER 14100138		YR. DECAL 98		BIRTH DATE 06/30/00		EXPIRES 06/30/99		OWNER ALLP		TRANS CODE		YES		TAC ISSUED		28 TAG NUMBER IT435T											
TITLE NUMBER 69115299		VEHICLE IDENTIFICATION NO. 1G6DW52P1SR706080		YR. MAKE 95		WTKENSTR 4469		CLASS 03		CUMULOC		MODEL OR WHS CADI		4D		1686.85											
ALL PRO LUXURY LIMOUSINE BY WFM 4717 BARTLET RD HOLIDAY FL 34690																1ST OWNER DL NO. NO FL DL		2ND OWNER DL NO. NO FL DL		DATE ISSUED 12/22/98							
TAX MONEY 52.10		TAXES 0.00		SALES TAX 3.00		OTHER FEES 0.00		TOTAL 58.10		CREDIT VEHICLE 0.00		SALES TAX TOTALS 1500.00		GRAND TOTALS 1686.85		11/06/98											
TITLE MONEY 25.00		LATE PENALTY 0.00		LICENS 2.00		SALES TAX 4.75		TOTAL 31.75		SALES TAX TOTALS 1500.00		GRAND TOTALS 1686.85		11/06/98		00745 35											
TRANSFER STATE PREV. REG. DATE VEHICLE ACQD. NEW USED COORDINATOR FL 12/22/98 X 063515 12/22/98 A-ACTUAL MILEAGE																OFFICE TITLE # 39115299 0		REGISTRATION CODE 31									
NAME OF FIRST LIENHOLDER: IF NO LIEN, ENTER NONE MERCANTILE BANK ADDRESS: PO BOX 70004 CITY-STATE: 121193 ZIP CODE: 33743																DATE OF LIEN: 12/11/98		FL TC, LIEN 30S, POA		REPLACEMENT TAG/DECAL THE LICENSE PLATE AND/OR DECAL IDENTIFIED HEREIN HAS BEEN LOST, STOLEN, DESTROYED OR DAMAGED, AND THE POLICE OR SHERIFF HAS BEEN NOTIFIED. DEFACED ITEMS ARE HEREBY SURRENDERED		TAG NUMBER DECAL NUMBER YEAR		INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES. CONSUMER EXEMPTION CERT. # OR SALES TAX EXEMPTION # SELLING PRICE VERIFIED			
NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER: DANIEL C MARRINO FOUNDATION ADDRESS: 4411 CLEVELAND AVE CITY-STATE: 33201 DEALER LICENSE NO. SALES TAX REGISTRATION NO. TRANSFER OF TITLE IF EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED PURCHASER HOLDS VALID EXEMPTION CERTIFICATE VEHICLE WILL BE USED EXCLUSIVELY FOR RENTAL																35000.00		1500.00		1500.00		1500.00		1500.00		1500.00	

I/WE HEREBY CERTIFY THAT THE MOTOR VEHICLE TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS OF THIS STATE.

VEHICLE
USAGE
L LEASE

ODOMETER DECLARATION CERTIFICATION

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED MOTOR VEHICLE, AND MAKE APPLICATION FOR TITLE AND/OR REGISTRATION, FURTHER CERTIFYING THAT A PHYSICAL
EXAMINATION OF THE VEHICLE HAS BEEN MADE AND THAT THE INFORMATION DESCRIBED HEREIN IS CORRECT. I/WE AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION HEREIN IS
TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING
THE MOTOR VEHICLE DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND
THAT THE FACTS STATED IN IT ARE TRUE.

DATE

Signature of Registered Owner

Signature of Registered Co-Owner

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: All Pro Luxury Limousines by
WFM, LLC

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

John Muller

NAME

2000 Main Street

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

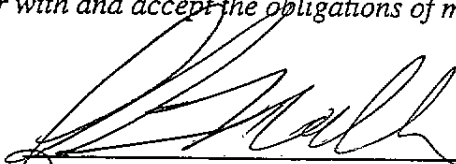
Dunedin

FL

34698

CITY, STATE AND 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.


John Muller

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent