

500442584605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

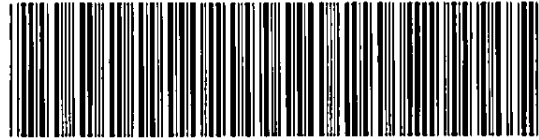
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 FEB -5 PM 9:47

RECEIVED

2025 FEB -5 PM 3:51

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: \$125.00

Authorization Signature *[Signature]*

My Dealer Desk, LLC

Business

#Document

Walk in

 Will wait

 Certified Copies of articles

 Certificate of Status

NEW FILINGS

 Profit

 Not for Profit

 X LLC

 Domestication

 INC

 CORP

 OTHER

AMENDMENTS

 Amendment

 Resignation of R.A.

 Change of Registered Agent

 Revocation of Dissolution

 Conversion

 Statement of Authority

 Merger

 Restated Articles

OTHER FILINGS

 TRANSMITTAL LETTER

 Fictitious Name

 Statement of Authority

 APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing

 Partnership

 Reinstatement

 Statement of CORRECTION

 Domestication of a Foreign Corp.

 Other

EXAMINER'S INITIALS:

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EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MY DEALER DESK LLC
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:

Claudine Hancock

Name of Person

Firm/Company

2515 NW FEDERAL HWY SUITE 117

Address

STUART, FL 34994

City/State and Zip Code

MYDEALERDESK@GMAIL.COM

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

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For further information concerning this matter, please call:

CLAUDINE HANCOCK at (772) 262-5053
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MY DEALER DESK 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:

2515 NW FEDERAL HWY

SUITE 117

STUART, FL 34994

Mailing Address:

2515 NW FEDERAL HWY

SUITE 117

STUART, FL 34994

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:

CLAUDINE HANCOCK

Name

2515 NW FEDERAL HWY SUITE 117

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

STUART

FL

34994

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.



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:

MGR _____

CLAUDINE HANCOCK
2515 NW FEDERAL HWY SUITE 117
STUART, FL 34994

(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.

CLAUDINE HANCOCK

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- S 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)

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