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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

LIMITED LIABILITY COMPANY

1CAR4U, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

JB
7-24-03

JUL-24-2003 12:08pm From-DAVID WILLIAMS LAW FIRM PA
FROM: ALLIANCE REALTY CORPORATION FAX NO.: 5614177201
JUL-23-2003 10:53am From-DAVID WILLIAMS LAW FIRM PA

302-575-0825

302-575-0825

T-917 P.002/002 F-618
JUL 23 2003 08:52 PM 14
T-914 P.002/002 F-584

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: 1CAR4U, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 9021 NW 27th Avenue, Miami, FL 33147

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Raphael Brummer
9021 NW 27th Avenue
Miami, FL 33147

Having been named as registered agent and to accept services 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 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)

Jonathan S. Mann
Signature of a member or an authorized representative of a member.

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

Jonathan S. Mann

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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