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Florida Department of State  
Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY  
H & M SOUTH AUTO BODY REPAIRS, L.L.C.

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I:**

The name of the Limited Liability Company is:

**H & M SOUTH AUTO BODY REPAIRS, L.L.C.**

**ARTICLE II-ADDRESS:**

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

**395 NORTH FLAGLER AVENUE  
HOMESTEAD, FL 33030**

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

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

**MAHMOUD MOUSSAWEL**

Name

**2675 SW 69TH COURT**

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

**MIAMI, FL 33155**

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 608, F.S.



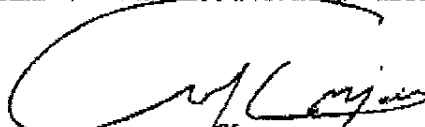
X

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)



X

Signature of a member or an authorized representative of a member

(In 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.)

MAHMOUD MOUSSAWEL

Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V - Managing Members**

Mahmoud Moussawi  
2675 SW 69<sup>th</sup> Court  
Miami, FL 33185

x   
Signature

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