

**L06000091800**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H06000231325 3)))



H060002313253A9CW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From:  
Account Name : XIOMARA LEE, P.A.  
Account Number : I20040000008  
Phone : (305) 262-2323  
Fax Number : (305) 262-2324

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP 19 AM 8:55

FILED

RECEIVED

06 SEP 19 AM 11:51

DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**POCAR'S REPUESTOS & ACCESORIOS LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

((H060002313253))

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

POCAR'S REPUESTOS & ACCESORIOS LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

13818 SW 119 AVE  
MIAMI, FL 33186

**Mailing Address:**

13818 SW 119 AVE  
MIAMI, FL 33186

**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:

JOSE R. CORZO

Name

13818 SW 119 AVE

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

MIAMI FL 33186

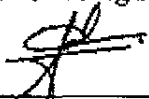
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP 19 AM 8:55

FILED

*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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

((H060002313253))

((H060002313253))

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGKM" = Managing Member

**Name and Address:**

MGR

JOSE R. CORZO

13618 SW 119 AVE

MIAMI, FL 33186

MGR

ALICIA N. CARVALHO

13618 SW 119 AVE

MIAMI, FL 33186

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

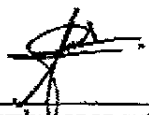
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
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.)

JOSE R. CORZO

\_\_\_\_\_  
Typed or printed name of signer

FILED  
06 SEP 19 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)

((H060002313253))