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Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number     : (850)617-6383

From:
        Account Name    : FASTKIT CORP
        Account Number  : I20100000009
        Phone           : (305)599-0839
        Fax Number      : (305)592-9591
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA/FOREIGN LIMITED LIABILITY CO.
COAST TO COAST AUTO SALES AND SERVICE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$155.00

S. HAWKES

MAR 0 1 2010

EXAMINER

RECEIVED 10 FEB 26 PH 1:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED 10 FEB 26 AM 1:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

COAST TO COAST AUTO SALES AND SERVICE, LLC
(Must end with 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:	Mailing Address:
8975 N HWY 25A	8975 N HWY 25A
OCALA, FL 34475	OCALA, FL 34476

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:

MORRIS CHURAMAN
                    Name

9200 SW 105TH ST
          Florida street address (P.O. Box **NOT** acceptable)

OCALA   FL   34476
          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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

MORRIS CHURAMAN
9200 SW 105TH ST
OCALA, FL 34478

MGRM

JOSE AMARAL, JR
7665 W HWY 40
OCALA, FL 34482

MGRM

DINESH BHOJWANI
169-04 107TH AVE
JAMAICA NY 11433

(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.)

Morris Churaman
Typed or printed name of signer