L110000 14589

(Re	equestor's Name))
(Ad	dress)	
(Ad	ldress)	200000
(Cit	ty/State/Zip/Phon	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		0.85.300
	A. I	LUNT
	FEB	-3 ?010
	EXA	MINER

Office Use Only



000192161340

02/01/11--01006--023 **125.00

ZOIIFEB-I PH 3: 21
SEGNETARY OF STATE

COVER LETTER

TO: Registration Division of C			
SUBJECT: CSL	Auto Holdings, LL	.C	
		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Alicia Nu	ıtterfield		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Name of Person	
Aegis Co	ouncil, LLC		70 ZO
		Firm/Company	FEB AH
155 Cad	illac Place	·	JARY JARY
•		Address	THE THE
Reno, NV	89509		
<u> </u>		y/State and Zip Code	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
alicia@aeg	jiscouncil.com		
	E-mail address: (to be used t	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Alicia Nutterfield	1	at (775) 331-0404	
Name	e of Person	Area Code & Daytime Telephone	Number
Enclosed is a check t	For the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Cer	0.00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	y is:
CSL Auto Holdings, LLC	
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14300 S.W. 129th Street Ste. 202 Miami, FL 33186	14300 S.W. 129th Street Ste. 202 Miami, FL 33186
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:

Name 14300 S.W. 129th Street Ste. 202

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

Miami

Emilio Lopez Jr.

_{FL} 33186

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)

Title:	naging Member(s): ager or Managing Member is as follows: Name and Address:
"MGR" = Manager	Name and Address.
2	ST. A
"MGRM" = Managing Member	्रिक अ
MGR	Lopez Asset Management Group, LLC 第文 。
	14300 S.W. 129th St., Ste. 202
	Miami, FL 33186
(Use attachment if necessary)	
LE V: Effective date, if other than the	e date of filing: (OPTION)
	e date of filing: (OPTION be specific and cannot be more than five business da
LE V: Effective date, if other than the	
LE V: Effective date, if other than the fective date is listed, the date must be	
LE V: Effective date, if other than the fective date is listed, the date must be	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb	be specific and cannot be more than five business da
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under	per or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under lam aware that any false information.)	be specific and cannot be more than five business da ver or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under lam aware that any false infor constitutes a third degree felor	be specific and cannot be more than five business da ber or an authorized representative of a member. 18.408(3), Florida Statutes, the execution of this document ter the penalties of perjury that the facts stated herein are true. 18.408(3) representative of a member. 18.408(3), Florida Statutes, the execution of this document 18.408(3), Florida Statutes, the execution of this document 18.4
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under lam aware that any false inforconstitutes a third degree felor Alicia Nutterfie	be specific and cannot be more than five business da ver or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State

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