Division of Corporations Electronic Filing Cover Sheet

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(((H14000118579 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Fax Number

: (305)220-1440

\*\*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 LIMITED LIABILITY CO.

**EUROCAR LLC** 

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\$130.00

MAY 2 1 2019

T. HAMPTON



May 20, 2014

## FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE INC

SUBJECT: EUIROCAR LLC REF: W14000031561

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is: EUROCARS, LLC, document number L13000138033.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III FAX Aud. #: B14000118579 Letter Number: 414A00010796

RECEIVED

14 MAY 20 AM 9: 36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

RTICLES OF ORGANIZATION FOR FLORIDA LIE	TITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
EUroCAR LLC (Must end with the words "Limited Liability Company, "L	
(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 A	ddress:
1001 NW 42 AVE MIAMI FL 33134	Pame
ARTICLE III - Registered Agent, Registered Office, & For Limited Liability Company cannot serve as its own Registered Agent. You business entity with an active Florida registration.)  The name and the Florida street address of the registered agent.  **Brismel Througue 2.**  Name	must designate an individual or another ent are:
Florida street address (P.O. Box	
Florida street address (P.O. Box	(NOT acceptable)
miami m 3	33/34
Florida street address (P.O. Box	
Having been named as registered agent and to accept servic liability company at the place designated in this certificate registered agent and agree to act in this capacity. I further a statutes relating to the proper and complete performance of accept the obligations of my position as registered agent.  Registered Agent's Signature (REQUIR)	e of process for the above stated limited e. I hereby accept the appointment as gree to comply with the provisions of all fimy duties, and I and familiar with and as provided for in Chapter EOFF.S.
(CONTINUED)	*** # # # # # # # # # # # # # # # # # #

Page 1 of 2

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