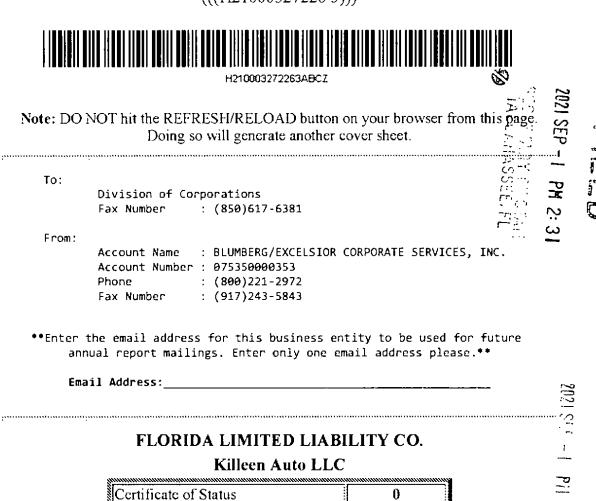
021-03-01 14:12 CDT Blumbers orida Department of State Division of Corporations

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.

(((H21000327226 3)))



Certified Copy Page Count

Estimated Charge

01 \$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	/ Company is:				
Killeen Auto LLC (Must end v	vith the words "Limited	Liability Compa	any, "L.L.C" or "LLC.")	_	
ARTICLE II - Address: The mailing address and street ad					
Principal Office Address:			Mailing Address:		
347 N New River Dr E, Unit 2804 Fort Lauderdale, FL 33301			47 N New River Dr E, Unit 2804 ort Lauderdale, FL 33301	<u>-</u>	
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:				2021 SEP - I	
The name and the Florida street address of the registered agent are: Martin O'Donovan Name Name					
347 N New River Dr E, Unit 2804					
	Florida street address	s (P.O. Box <u>NO</u>	[acceptable)		
	Fort Lauderdale	FL	33301		
	City	State	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 605, F.S..

1EB74A6F753E4QRegistered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Mark Olivania
AMBR	Martin O'Donovan
	214-57 33rd Road,
	Bayside, NY 11361
AMBR	Gerardine O'Donovan
	214-57 33rd Road,
	Bayside, NY 14361
(Use attachment if necessary)	
the date of filing.)	ad cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
	r an authorized representative of a member.
I am aware that any false informa	accordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.
Martin O'Donovan	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)