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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (305)672-0686
Fax Number : (305)672-9110

LIMITED LIABILITY COMPANY

The COLLECTION Certified Collision Center, LLC

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

EFFECTIVE DATE
4/29/05

up

APR-29-2005 09:29

THERREL BAISDEN

ARTICLES OF ORGANIZATION
FOR
THE COLLECTION Certified Collision Center, LLC

ARTICLE I
Name

The name of the Limited Liability Company is **THE COLLECTION Certified Collision Center, LLC.**

ARTICLE II
Address

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Ken Gorin, Manager, 200 Bird Road, Coral Gables, Florida 33146.

ARTICLE III
Duration

This period of duration for the Limited Liability Company shall be: PERPETUAL.

ARTICLE IV
Purpose

This Limited Liability Company is organized for the purpose of transacting any or all lawful business for which limited liability companies may be organized under the Florida Limited Liability Company Act.

ARTICLE V
Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden, P.A., SunTrust International Center, One S.E. 3rd Avenue, Suite 2400, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is Jonathan Feuerman, Esq.

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ARTICLE VI

Manager-Managed Company


The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

ARTICLE VII

Effective Date

Pursuant to Florida Statute Section 608.409, the Limited Liability Company's existence shall be effective as of April 29, 2005 which is within five (5) business days prior to the date these Articles of Organization are filed with the Department of State.

The undersigned authorized representative of a member of THE COLLECTION Certified Collision Center, LLC, hereby executes these articles of organization on this 24 day of April, 2005.



JONATHAN FEUERMAN, authorized
representative by Power of
Attorney

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **THE COLLECTION Certified Collision Center, LLC.**
2. The name and the Florida street address of the registered agent and office are:

Jonathan Feuerman, Esquire
Therrel Baisden, P.A.
SunTrust International Center
One S.E. 3rd Avenue, Suite 2400
Miami, Florida 33131

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.


Jonathan Feuerman

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