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RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.

I 595 SE PORT ST. LUCIE BOULEVARD PORT ST. LUCIE, FLORIDA 34952 (561) 335-5455 (561) 337-3485 FAX

April 11, 2001

State of Florida Secretary of State Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

800004016998--1 04/19/01--01014--001 ****160.00 ****160.00

RE: Autoworks of Port St. Lucie, L.L.C.

Dear Sir or Madam:

Enclosed herewith please find an original and one copy of the Articles of Organization for the above-referenced corporation, together with the Certificate Designating Registered Agent and Affidavit of the Managing Member. Please file the original in your offices and certify and return to us a certified copy.

I am enclosing a check in the amount of \$160.00, which covers the filing fees, certified copy fees, the registered agent designation fees and a certificate of status. Thank you for your cooperation in this matter.

Sincerely,

Tiffany N. Gonsaives

Enc.

ARTICLES OF ORGANIZATION

OF

AUTOWORKS OF PORT ST. LUCIE, LLC.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is Autoworks of Port St. Lucie, LLC.

ARTICLE II - DURATION

This limited liability company shall have perpetual existence commencing on the date of this filing of these Articles with the Department of State.

ARTICLE III - ADDRESS

The mailing address and street address of the principal office of the Company shall be 1888 S.W. Bayshore Boulevard, Port St. Lucie, Florida 34984.

ARTICLE IV - MANAGEMENT

Management of the Company shall be reserved to the Members. The Managing Member shall be Robert P. Dudley.

ARTICLE V - ADDITIONAL MEMBERS

Members shall have the right to admit additional members from time to time on such terms and conditions as the Members shall deem advisable and acceptable.

ARTICLE VI -SURVIVORSHIP

In the event any Member or Members shall die, resign, retire, be expelled, be adjudicated bankrupt, or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members shall have the right to continue the business.

ARTICLE VI - REGISTERED AGENT

The street address of the initial registered agent of the Company is Rickey L. Farrell, 1595 SE Port St. Lucie Boulevard, Port St. Lucie, Florida 34952.

ROBERT P. DUDLEY Member

STATE OF FLORIDA COUNTY OF ST. LUCIE

	BEFORE ME, a Notary Public authorized to take acknowledgments in the State and
С	ounty set forth above, personally appeared Robert P. Dudley, who has produced
	as identification or who is personally known
tç	me-and who executed the foregoing Articles of Organization, and he acknowledged before
m	ne that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this ______, day of _______, 2001.

(SEAL)

Tiffany N. Gonsalves
MY COMMISSION # CC885674 EXPIRES
November 7, 2003
BONDED THRU TRCY FAIN INSURANCE, INC

Notary Public State of Florida at Large

Printed Signature: TIFFAUY N. GONSAWES

My Commission No:

My Commission Expires:

ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above named company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties. I am familiar with and accept the obligations of such position.

Registered Agent

STATE OF FLORIDA COUNTY OF ST. LUCIE

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Rickey L. Farrell, who has produced _______as identification or who is personally known to me and who executed the foregoing Articles of Organization, and he acknowledged before me that he executed the Articles of Organization.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this ______ day of _______, 2001.

(SEAL)

Tiffany N. Gonsaives 1Y COMMISSION # CC885674 EXPIRES November 7, 2003 BONDED THRU TROY FAIN INSURANCE, INC.

Notary Public State of Florida at Large Printed Signature: ((FFAUY N. GOUSALUES My Commission No:

My Commission Expires: