

**LO/0000073**

**Florida Department of State**  
**Division of Corporations**  
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**((H01000077932 1)))**

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**To:**

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

**From:**

Account Name : PARCORP SERVICES, LTD.  
 Account Number : I19990000011  
 Phone : (877) 603-2533  
 Fax Number : (707) 276-4538

STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

**FORD PARTS NETWORK, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

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7/2/01

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STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF  
**FORD PARTS NETWORK, LLC**

Pursuant to s. 608.407, Florida Statutes.

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FORD PARTS NETWORK, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**652 NAUTICAL WAY, ST. AUGUSTINE, FL 32080**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agents Signature:**

The name of the Florida street address of the registered agent are:

**TORRIE R. MCPHAIL**

Name

**652 NAUTICAL WAY**

Florida street address (P.O. Box **NOT ACCEPTABLE**)

**ST. AUGUSTINE, FL 32080**

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 608, F.S.*



Registered Agent's Signature

**ARTICLE IV - Management (Check Box if Applicable.)**

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



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**MICHAEL J. JAGODA**

Typed or Printed name of signee

**Preparer Info:**

Parcorp Services, Ltd. / Michael J. Jagoda,

PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

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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 DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**FORD PARTS NETWORK, LLC**

2. The name and Florida street address of the registered agent are:

**TORRIE R. MCPHAIL**

Name

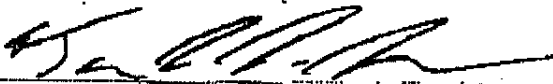
**652 NAUTICAL WAY**

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Registered Agent **TORRIE R. MCPHAIL**

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