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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**LIMITED LIABILITY COMPANY**

**UNIVERSAL AUTO NETWORK OF SOUTH FL, LLC**

Certificate of Status	0
Certified Copy	1
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: **UNIVERSAL AUTO NETWORK OF SOUTH FL, LLC**

### ARTICLE II - Address:

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

**2001 Garfield Street  
HOLLYWOOD, FL 33020.**

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

<b>Graig Plocker</b>	
Name	
<b>2001 Garfield Street</b>	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
<b>Hollywood</b>	<b>FL 33020.</b>
City, State, and Zip	

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*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.*



**Article IV – Management (Check if applicable)**

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

Michael Newman  
Craig Plocker  
Michael H. Oshry  
Bruce Newman

  
\_\_\_\_\_  
Signature of a member or an 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 NEWMAN  
Typed or printed name of signer

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