## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Division of Corporations Max Minuber 7 (#50) #00 - 4 ses

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Account Name : FARCORY SERVICES, LTD.

Account Number : 109990000011 Facance : (877) 603-2433

Fax Number

1 (707) 256-4538

## LIMITED LIABILITY COMPANY

ROUDE'S AUTO SALES, LLC

Certificate of Status	()
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

## Fax Audit No. (((H02000036357 0 ))) STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF ROUDE'S AUTO SALES, LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROUDE'S AUTO SALES, LLC

ARTICLE II - Address:

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

105 WINDMILL WAY, LONGWOOD, FL 32750

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

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

## MIRTHA VALDES MARTIN Name 1321 ARBOR VISTA LOOP, #125 Florida street address (P.O. Box NOT ACCUPTABLE) LAKE MARY, FL 32746 City, State and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability congress 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 performing of my duties, and I am familiar with and accept the obligations of my position as registered agent as pravided for factors, P.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.)

DAVID L. SURINA

Typed or Printed name of signee

Preparer Info:

Remorp Services Lid Midewill Ligurina

98NIBV2575111 1986 61A BIG E137F8 17, BESPENNIBE HF1 6185656 / P(8666) 1888 2283 38 / K

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