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Florida Department of State

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

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. ACENTS, INC.

Account Number : 071001002335

Phone : (305)599-0839 Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

FED EX AUTO SALES, LLC

Certificate of Status Certified Copy 1 Page Count 01 Estimated Charge \$155.00 ISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FED EX AUTO SALES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1551 B. NW 36th St (Rear), Miami, Fl 33142.

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

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

Debora Molina	02	AFT.
Name	=	SSE
1551 B. NW 36 Street, (REAR)	EB 22	프유
Florida street address (P.O. Box NOT acceptable) Miami er 33142	2	. ORIE
City, State, and Zip		DE A

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.

Obora Mohana
Reported Apport Sugneture

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Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managed therefore, a manager - managed company.	ns and is,
Deborah Molina 1551 B. 36 St. (REAR(An additional article must be added if an effective date is requested) Miami, F1 33142.	Jorge H. Rizzo 1551 B. 36 St(rear) Miami, Fl 33142.
(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.)	SE
Typed or printed name of signee	FILED ECRETARY OF STATE LLAHASSEE, FLORID 02 FEB 22