CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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	Care	

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Signature		
Requested by:	<u>C/4</u> Date	// <u>/</u> / <u>/</u>
Walk-In	Will Pick Up	

	Art of Inc. File
	LTD Partnership File S
	Foreign Corp. File
X_	L.C. File
	Fictitious Name File Fig. 7
	Trade/Service Mark 99 7
	Merger File 5
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal S
	Annual Report / Reinstatement
	Cert. Copy
X	Photo Copy
	Certificate of Good Standing: Q
	Certificate of Status 2 7
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
	Fictitious Owner Search

Courier_

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Company is Michael Finnerty's Auto Care, LLC.

ARTICLE II - Address

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

8812 North Palafox Hwy. Pensacola, FL 32534

ARTICLE III - Duration

The period of duration of the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by its Member in accordance with the company's operating agreement.

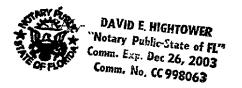
ARTICLE V - Registered Agent

The name and street address of the initial registered agent of the Limited Liability Company are:

Michael Finnerty 8001 El Estrecho Pensacola, FL 32514

STATE OF FLORIDA COUNTY OF ESCAMBIA

The foregoing Articles of Organization was acknowledged before me by Michael , 2002; Michael Finnerty is personally known to me or produced FL OI # F563-559-77-347 as identification.



NOTARY PUBLIC

REGISTERED AGENT ACCEPTANCE

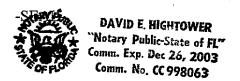
Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 608.415, Florida Statutes, I hereby accept the appointment as registered agent and agree to act in 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.

Dated

Michael Finnerty

STATE OF FLORIDA COUNTY OF ESCAMBIA

The foregoing Registered Agent Acceptance was acknowledged before me by Michael Finnerty on ________, 2002; Michael Finnerty is personally known to me or produced FL DL# F563-559-77-347-0 as identification.



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