Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : AKERMAN SENTERFITT & EIDSON

Account Number: 076656002425 Phone : (407)843-7860 Fax Number : (407)843-6610

LIMITED LIABILITY COMPANY

C2 AUTOMOBILES, LLC.

Certificate of Status	. 0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: C2 AUTOMOBILES, LLC.

ARTICLE H - Address

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

16009 North Florida Avenue Lutz, FL 33549

ARTICLE III - Existence and Duration

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

ARTICLE IV - Management

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

ARTICLE V - Registered Agent

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

> Chris Chapas 16009 North Florida Avenue Lutz, FL 33549

> > Name: Humaid Masacod

Title: 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.)

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REGISTERED AGENT ACCEPTANCE:

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..

Chris Chapas

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