

L03000014245

(Requestor's Name)

USA Auto Collision, LLC  
9765 S. Orange Blossom-Tr.  
Unit #44-45  
Orlando, FL 32837



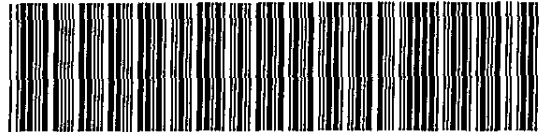
(Business Entity Name)

(Document Number)

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FILED  
03 APR 21 AM 9:27  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

January 21, 2003

U.S.A. AUTO COLLISION, LLC  
9765 S. ORANGE BLOSSOM TRAIL, UNIT 44-45  
ORLANDO, FL 32837

SUBJECT: U.S.A. AUTO COLLISION  
Ref. Number: W03000001672

FILED  
03 APR 21 AM 9:27  
TALLAHASSEE, FLORIDA

We have received your document for U.S.A. AUTO COLLISION and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

The name in Article I must contain a suffix such as "LLC" or "LC".

And a MEMBER or AUTHORIZED REPRESENTATIVE OF A MEMBER must sign at the bottom of the Articles page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 503A00003304

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

U.S.A. Auto Collision, LLC

## ARTICLE II - Address:

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

3274 Hunters Chase Loop  
Kissimmee FL 34743

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

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

Nelson Ignacio Cabrera

Name

3274 Hunters Chase Loop

Florida street address (P.O. Box NOT acceptable)

Kissimmee FL 34743

City, State, and Zip

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..

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

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.)

NELSON IGNACIO CABRERA

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)