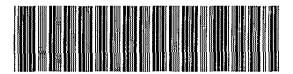
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	<u> </u>
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Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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CAPITAL CONNECTION, INC.

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

Je Got wheels UC	
	<u> </u>
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
. - -	Fictitious Name File
-	Trade/Service Mark
· · · · · · · · · · · · · · · · · · ·	Merger File
and the second s	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
— · - · ·	Certificate of Status
· · · · ·	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
en e	Fictitious Search
Signature	Fictitious Owner Search
Jighalure	Vehicle Search
	Driving Record
Requested by: 01 1242	UCC 1 or 3 File
<u> </u>	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Name: The name of the Limited Liability Company:	ie:
The hame of the Limited Liability Company	15.
WE GOT WHEELS, LLC	
ADDICLE II. Addice.	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Lightlity Company is
The manning address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3900 GALT OCEAN DRIVE, # 1612	
FT. LAUDERDALE, FLORIDA 33308	
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:
The name and the Florida street address of th	e registered agent are:
ALFRED J. MOGAVERO	
Nar	me
3900 GALT OCEAN DRIV	
Florida street address (P.O. Box <u>NOT</u> acceptable)

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, Florida Statutes..

City, State, and Zip

33308

FLORIDA

FT. LAUDERDALE,

(Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MICHAEL V. VIARENGO 405 N. OCEAN BLVD., # 1709 POMPANO BEACH, FLORIDA 33062 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. **REQUIRED SIGNATURE:** r 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.) J. MOGAVERO Typed or printed name of signee

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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)