

LD40000 28869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

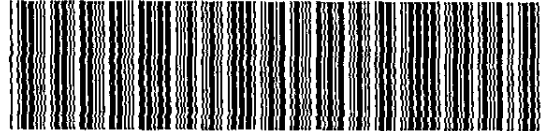
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700031719427

04/15/04--01016--011 **465.00

RECEIVED

04 APR 15 AM 10:24

DIVISION OF REGISTRATION

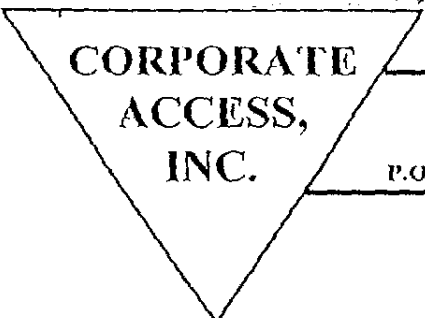
FILED

04 APR 15 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

js

\$155.00



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 4/15/04

☒ CERTIFIED COPY _____ CUS _____

☒ PHOTO COPY _____ ☒ FILING LLC

- 1.) Allstar Tire & Wheel Center, LLC
(CORPORATE NAME & DOCUMENT #)
- 2.) _____
(CORPORATE NAME & DOCUMENT #)
- 3.) _____
(CORPORATE NAME & DOCUMENT #)
- 4.) _____
(CORPORATE NAME & DOCUMENT #)
- 5.) _____
(CORPORATE NAME & DOCUMENT #)

FILED
04 APR 15 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS _____

ARTICLES OF ORGANIZATION
FOR LIMITED LIABILITY COMPANY

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, FS Chapter 608, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I.

NAME

The name of the Limited Liability Company is:

ALLSTAR TIRE & WHEEL CENTER, LLC

ARTICLE II.

PURPOSE

This company's purpose is to engage in any lawful activity for which Limited Liability Companies may engage under the Florida Limited Liability Company Act.

ARTICLE III.

ADDRESS

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

8558 N.W. 61 STREET
MIAMI, FLORIDA 33166

ARTICLE IV.

DURATION

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date if specified. The period of duration for the Limited Liability Company shall be perpetual.

FILED
04 APR 15 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
04 APR 15 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V.

REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

CHARLES M. SALAS
8558 N.W. 61 STREET
MIAMI, FLORIDA 33166

ARTICLE VI.

MANAGEMENT

The company shall be managed by two managers in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial managers of the company are:

CHARLES M. SALAS
8558 N.W. 61 STREET
Miami, Florida 33166

AND

IVAN J. UZCATEQUI
8558 N.W. 61 STREET
MIAMI, FLORIDA 33166

ARTICLE VII.

MEMBERS'S RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event, which terminates the continued membership of a member in the limited liability company, shall be:

The members shall have the right to do so.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization at Coral Gables, Florida, on this 14 day of April, 2004.

IVAN J. UZCATEQUI

CHARLES M. SALAS

FILED
04 APR 15 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing was sworn to and subscribed before me by IVAN J. UZCATEQUI, this 14 day of April, 2004, who:

() is/are personally known to me;
☒ produced a current Driver's(s') License(s) from Ivan J. Uzcatequi (State), as identification.
() produced _____ as identification.



Maria Gonzalez
My Commission CC983599
Expires November 26, 2004

Maria Gonzalez
SIGNATURE OF NOTARY

Maria Gonzalez
PRINTED NAME OF NOTARY

COMMISSION NO.: _____

MY COMMISSION EXPIRES: _____

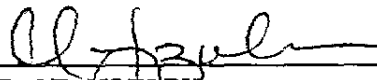
STATE OF FLORIDA
COUNTY OF MIAMI-DADE

The foregoing was sworn to and subscribed before me by CHARLES M. SALAS, this 14 day of April, 2004, who:

() is/are personally known to me;
☒ produced a current Driver's(s') License(s) from Charles M. Salas (State), as identification.
() produced _____ as identification.



Maria Gonzalez
My Commission CC983599
Expires November 26, 2004


SIGNATURE OF NOTARY
Maria Gonzalez.
PRINTED NAME OF NOTARY
COMMISSION NO.: _____
MY COMMISSION EXPIRES:

FILED
04 APR 15 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

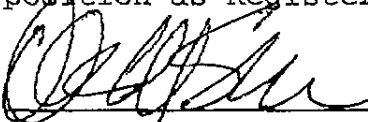
1. The name of the Limited Liability Company is:

ALLSTAR GROUP, LLC

2. The name and address of the registered agent and office is: (P.O. Box not acceptable):

CHARLES M. SALAS
8558 N.W. 61 STREET
Miami, Florida 33166

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.



CHARLES M. SALAS

April 14th, 2004.

(Date)

FILED
04 APR 15 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA