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TRANSMITTAL LETTER

	tration Se ion of Co	ection rporations			
SUBJECT: 1	Fremont	Auto Sound - The Wireless (Name of Limite		pany)	
The enclosed A	Articles of	f Organization and fee(s) are s	ubmitted for fili	ing.	
Please return a	ll corresp	ondence concerning this matte	r to the following	ng:	
_	Bruce D.				
		(t	Name of Person)		
Eastman &	Smith Lte	d.	•		
		()	Firm/Company)		
P.C	D. Box 10	032			
			(Address)		
	Toled	o, OH 43699-0032			,
		(City/	State and Zip Co	de)	
For further info	ormation (concerning this matter, please	call:		100 000
Bruce D. Laz	аг		at (419	247-1690	
	(Name	of Person)	(Area Co	ode & Daytime Te	lephone Number)
Enclosed is a	check fo	r the following amount:			TO
\$125.00 Fil	ing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 I Certified Cog(additional cop)		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy ☐ (additional copy is enclosed)
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399		MAILING AI Registration Son Division of Con P.O. Box 6327 Tallahassee, F.	ection rporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DOMEST DE LA SE					
ARTICLE I - Name: The name of the Limited Liability Company is:					
Fremont Auto Sound - The Wireless Store II, LLI	.C				
ARTICLE II - Address:					
The mailing address and street address of the	ne principal office of the Limited Liability Company i	8:			
Principal Office Address:	Mailing Address:				
2314 South Dei Prado Boulevard	2314 South Del Prado Boulevard				
Sulte 3	Suite 3				
Cape Coral, Florida 33904	Cape Coral, Florida 33904				
Anthony J. Paradiso	ame				
350 Homestead Road Sou	uth				
Florida street	et address (P.O. Box NOT acceptable)				
Lehigh Acres, Florida 3393	36 FL				
City, Sta	ate, and Zip				
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	d to accept service of process for the above stated limite I in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of a te performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S.	://			
aire is Pa					
Registered Age	cent's Signature				

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Anthony J. Paradiso
	350 Homestead Road South
	Lehigh Acres, Florida 33936
•	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
arent) 0:
	-
Signature of a member	r or an authorized representative of a member.
(In accordance with sec of this document consti that the facts stated he	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury crein are true.)
Anthony J. Paradiso	
Туг	ped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ of Registered Agent	nization and Designation

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)