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TRANSMITTAL LETTER

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TO: Registration Section

Division of Corporations

SUBJECT: NORTH	AMERICAN AUTO BROKEI	RS. LLC	2005 FEB 10 ₱ 3: 41
(Name of Limited Liability Company)		d Liability Company)	- SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
ROBERT	M. ESPOSITO		<u> </u>
	C	Name of Person)	
NORTH AMERICAN	AUTO BROKERS		
	(Firm/Company)	
10585 47TH	I. ST.N.		
<u>-</u>		(Address)	
CLEA	RWATER, FL. 33762		
	(City/	State and Zip Code)	
For further information of	concerning this matter, please	call:	
ROBERT M. ESPOSI		at (727) 5434353	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	r the following amount:		
Ø \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY D

ARTICL	Æ I -	Name:
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The name of the Limited Liability Company is:

2005 FE	B 10	P	3: 41
SECRET	ary	OF S	TATE
TALLAHA	Issee		ORIDA

North American Auto Brokers, LLC

ARTICLE II - Address:

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

10585 47TH. ST.N. CLEARWATER, FL 33762 CLEARWATER, FL 33762 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: ROBERT M. ESPOSITIO Name 10585 47TH. ST.N. Florida street address (P.O. Box NOT acceptable) CLEARWATER EL 33762 CLEARWATER EL 33762	Principal Office Address;	Mailing Address:
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: ROBERT M. ESPOSITIO Name 10585 47TH. ST.N. Florida street address (P.O. Box NOT acceptable)	10585 47TH. ST.N.	10585 47TH. ST.N.
The name and the Florida street address of the registered agent are: ROBERT M. ESPOSITIO Name 10585 47TH. ST.N. Florida street address (P.O. Box NOT acceptable)	CLEARWATER, FL 33762	CLEARWATER, FL 33762
The name and the Florida street address of the registered agent are: ROBERT M. ESPOSITIO Name 10585 47TH. ST.N. Florida street address (P.O. Box NOT acceptable)		
Name 10585 47TH. ST.N. Florida street address (P.O. Box NOT acceptable)	ARTICLE III - Registered Agent, Reg	gistered Office, & Registered Agent's Signature:
Name 10585 47TH. ST.N. Florida street address (P.O. Box NOT acceptable)	The name and the Florida street address	of the registered agent are:
Florida street address (P.O. Box NOT acceptable)	ROBERT M. ESPOSIT	rio ,
Florida street address (P.O. Box NOT acceptable)		Name
CLEADIMATED EL 22762	10585 47TH. ST.N.	
CLEARWATER EL 33762	Florida	street address (P.O. Box NOT acceptable)
arm detection of the contract	CLEARWATER, FL 33	8762 FL
City, State, and Zip	City	y, 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.,

(CONTINUED)

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

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

Title:	Name and Address:	FILED
"MGR" = Manager "MGRM" = Managing Member		2005 FEB 10 P 3: 41
	ROBERT M. ESPOSITO	•
MGR	10585 47TH. ST.N., CLEA	SECRETARY OF STATE FWATERIES 3762FLORIDA
		•
(Use attachment if necessary)		
NOTE: An additional article m	ust be added if an effective date	e is requested.
REQUIRED SIGNATURE:		
Robert)	M. ENETHED	-
Signature of a mer	mber or an authorized representative	of a member.
of this document co	h section 608.408(3), Florida Statutes, to onstitutes an affirmation under the pena led herein are true.)	he execution Ities of perjury
ROBERT M. ES		<u> </u>
	Typed or printed name of signce	
Filing Fees:		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)