Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: ACCOUNTING & BEYOND

Account Number: Il9990000223

Phone

: (813)998-9800

Fax Number

: (813)935-9982

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LIMITED LIABILITY COMPANY

PAYLESS 4 TIRES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing, Menu

Corporate Filing

Public Access Help.

T. Brumbley APR 2 7 2005

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Com	ipany is:	
PAYLESS 4 TIRES, LLC		
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited	Liability Company is
Principal Office Address:	Mailing Address:	**
5901 N. NEBRASKA AVE.	5901 N. NEBRASKA AVE.	
TAMPA, FL 33604	TAMPA, FL 33604	
ARTICLE III - Registered Agent, Re	•	nt's Signature:
AGUSTIN LLOMPAR	RT PEREZ	
	Name	
5901 N. NEBRASKA	AVE.	
	. AVE. a 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, F.S..

(CONTINUED)

Registered Agent's Signature

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	AGUSTIN LLOMPART PEREZ
	5901 N. NEBRASKA AVE.
	TAMPA, FL 33804
MGRM :	YUDELKA ANTONIA CASTILLO
	5901 N. NEBRASKA AVE.
	TAMPA, FL 33604
	*£
<u> </u>	
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608 A08(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

AGUSTIN LLOMPART PEREZ

Typed or printed name of signee

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)

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