ivision of Corpor Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000114108 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: FAS-T CORP. AGENTS, INC.

Phone

Account Number : 071001002335

: (305)599-0839

Fax Number

: (305)716-0346



FOR AUTO CONNECTION, LLC

Activities mer bei la total	ing in the management of the second section in
Certificate of Status	0
Contified Conv.	1
Certified Copy	
Page Count	02
Estimated Charge	\$155.00
Paralliance Ciarge	1 .0.0.00

Electronic Filing Menu.

Corporate Filing

Public Access Help

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 5, 2005

FAS-T CORP. AGENTS, INC.

SUBJECT: FOR AUTO CONNECTION, LLC

REF: W05000022732

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Above number 1 of your Articles, your document refers to "Chapter 6018 Florida Statutes." Please correct this to say "Chapter 608."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

Tr you have any questions concerning the filing of your document, please [6411>(850) 245-6958.

Lea Rivers Document Specialist

FAX Aud. #: H05000114108 Letter Number: 105A00032152

> 05 MAY -5 AM 8: 38 SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR AUTO CONNECTION, LLC A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608 Florida Statutes)

- 1. Name. The name of the limited liability company is For Auto Connection, LLC
- 2. <u>Purpose.</u> The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
- 3. Address of Principal Office. The street address of the principal office of the limited liability company is:

7300 SW 27TR PLACE #3103 DAVIE, FL 33314

- 4. Mailing Address. The mailing address if the limited liability company F. 7300 SW 27^{TE} PLACE # 3103 DAVIE, FL 33314
- 5. Management: The limited liability company is to be managed by one or more members and ism therefore, a member-managed company.
- 6. Registered Agent. Registered Office, and Registered Agents Signature. In name and the Florida street address of the registered agent is:

JOSEPH SHOMAR 7777 NW 146TH ST. MIAMI LAKES, FL 33016

Having been named as registered agent and to accept service of process for the above state 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 provisional 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 605. F.S.

JOSEPH SHOMAR

EFFECTIVE DATE

7. Effective Date. The effective date of the limited liability company shall be the date of filing unless otherwise stated below;

May 4, 2005

24 =

Member

(In accordance with section 608,408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)