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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

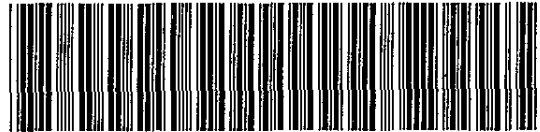
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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EFFECTIVE DATE
7/15/05

07/15/05--01048--002 **125.00

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TALLAHASSEE, FLORIDA

Subs

Name	
Availability	
Examiner	DCC
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Initialer	
Verifier	DCC
Knowledge	DCC
W. P. Verifier	DCC

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Car Clinic Ltd.

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose Raul Perez - Valls

(Name of Person)

Complete Car Clinic Ltd.

(Firm/Company)

8106 Cypress Grand Boulevard, Suite 207,

(Address)

Tampa, Florida 33625

(City, State and Zip Code)

For further information concerning this matter, please call:

Jose Raul Perez - Valls

(Name of Person)

at (813)

) 813-892-0790

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPLETE CAR CLINIC LTD. CO.

ARTICLE II - Address:

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

Principal Office Address:

8106 Cypress Grand Blvd.
Suite 207
Tampa, Florida 33625

Mailing Address:

Post Office Box 22186
Tampa, Florida 33622-2186

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JOSE RAUL PEREZ - VALLS

Name

8106 Cypress Grand Blvd. Suite 207

Florida street address (P.O. Box **NOT** acceptable)

Tampa, Florida FL 33625

City, 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.



Registered Agent's Signature

(CONTINUED)

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FLORIDA
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Articles of Incorporation
Complete Car Clinic Ltd.

Article I.

The Name of the limited liability company shall be COMPLETE CAR CLINIC LTD. Co. Complete Car Clinic shall be in business to do automobile accident subrogation services for medical clinics, personal injury clients, and any other entity. The limited company shall also be able to engage in any business legal in the United States and the State of Florida .

Article II

The **mailing** address shall be **Post Office Box 22186, Tampa, Florida 33622-2186.**
The Street Address shall be 8106 Cypress Grand Boulevard, Suite 207, Tampa, FL 33625

Article III

The registered Agent shall be Jose Raul Perez - Valls, who is fully aware and herewith accepts all obligations of his position, shall reside at 8106 Cypress Grand Boulevard, Suite 207, Tampa, Florida 33625.

Article IV

The name of the manager for this limited company shall be Jose Raul Perez - Valls, residing at 8106 Cypress Grand Boulevard, Suite 207, Tampa, Florida 33625

Article V

Complete Car Clinic shall commence operations on Friday, July 15, 2005. is effective date

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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:

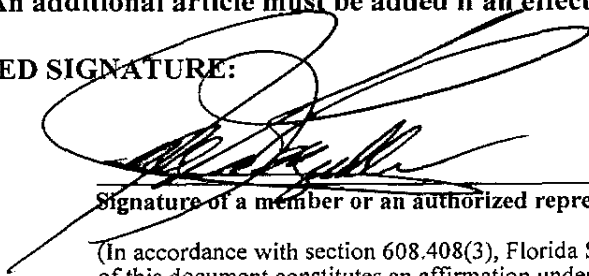
MGR

JOSE RAUL PEREZ-VALLS
8106 CYPRESS GRAND BLVD
SUITE 207, TAMPA, FL 33625

(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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSE RAUL PEREZ-VALLS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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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)