

L05000075467

Florida Department of State

2005 AUG -1 A 9:47

Division of Corporations  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY AL**

**anything parts, llc**

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 1, 2005

EMPIRE CORPORATE KIT COMPANY

SUBJECT: ANYTHING PARTS, LLC  
REF: W05000036198

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.

Limited liability companies are either member-managed or manager-managed - not both. Member-managed companies are managed by the members of the limited liability company. Manager-managed companies are managed by non-members. Please amend your document to reflect either the limited liability company is member-managed or manager-managed. If the limited liability company is member-managed, list the names and addresses of the members who will manage the company and identify them solely as managing members. If the limited liability company is manager-managed, list the names and addresses of the non-members who will manage the company and identify them solely as managers. You cannot list both managers and managing members.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

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DIVISION OF CORPORATION

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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SECRETARY OF STA  
TALLAHASSEE, FLOR

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ANYTHING PARTS, 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:

2300 W. OAKLAND PARK BLVD. #300  
OAKLAND PARK, FL 33311

500 S.E. 17<sup>TH</sup> ST. #220  
FT. LAUDERDALE, FL 33316

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

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

FELIX REYNOSO

Name

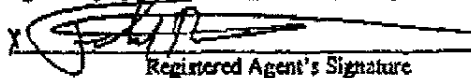
2300 W. OAKLAND PK BLVD. #300

Florida Street address (P.O. Box Not acceptable)

OAKLAND PARK FL 33311

City, State, and Zipcode

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.

x   
Registered Agent's Signature

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Page 1 of 2

H05000182201

H05000182201LED

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

2005 AUG -1 A 9:47

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MANAGER

FELIX REYNOSO  
2300 W. OAKLAND PK BLVD. #300  
OAKLAND PARK, FL 33311


MANAGER

ESTELITA REYNOSO  
2300 W. OAKLAND PK BLVD. #300  
OAKLAND PARK, FL 33311

*(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.)*

Felix Reynoso

*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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