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SECRETARY OF STATE  
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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**MIAMI TIRES PLUS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 AUG 12 A 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MIAMI TIRES PLUS, 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:**

MIAMI TIRES PLUS, LLC  
2545 W. COLUMBUS DRIVE  
TAMPA, FL 33607

MIAMI TIRES PLUS, LLC  
2545 W. COLUMBUS DRIVE  
TAMPA, FL 33607

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

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

CARMEN BENITEZ

Name

2545 W. COLUMBUS DRIVE

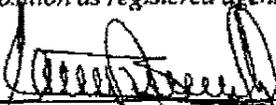
Florida street address (P.O. Box **NOT** acceptable)

TAMPA, FL 33607

FL

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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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

2005 AUG 12 A 11: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

CARMEN BENITEZ  
2545 W. COLUMBUS DRIVE  
TAMPA, FL 33607

MGRM

HAROLD SULBARAN  
2545 W. COLUMBUS DRIVE  
TAMPA, FL 33607

\_\_\_\_\_

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\_\_\_\_\_

(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.)

HAROLD SULBARAN  
Typed or printed name of signer

**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)