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LAZARUS CORPORATE FILING SERVICE

OS NO. 1 PROS. 10 3320 SW 87TH AVENUE MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time _ Walk in Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION ☐ Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials** CR2E031(7/97)

ARTICLES OF ORGANIZATION OF

SERVICE PLUS AUTO REPAIR LLC.

ARTICLE I - NAME

The name of this limited liability company is **SERVICE PLUS AUTO REPA** (hereinafter "the Company")

ARTICLE II - ADDRESS

The mailing address and principal office is:

2701 South Bayshore Dr., Suite 402 Miami, Florida 33133

ARTICLE III: INITIAL REGISTERED OFFICE AND AGENT

The name and mailing address of the initial registered office and the initial registered agent of the Company is:

Patrick Boulogne 2701 South Bayshore Dr., Suite 402 Miami, Florida 33133

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 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.

Patrick Boulogne - Registered Agent

ARTICLES IV - MANAGEMENT

The Company will be managed by one (1) manager and is, therefore a manager-managed company.

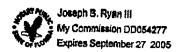
Patrick Boulogne 2701 South Bayshore Dr., Suite 402 Miami, Florida 33133

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

Patrick Boulogne, Authorized Representative

<u>ORGANIZER</u>

IN WITNESS WHEREOF, I have made and subscribed these Articles of Organization this day of
MARCELLE POIRIER
STATE OF FLORIDA)) SS
COUNTY OF DADE)
I HEREBY CERTIFY that on this day, personally appeared before me MARCELLE
POIRIER who is well known to me to be the person described in and who executed these Articles
of Organization as Organizer, and acknowledged before me that he executed the same freely and
voluntarily for the purposes therein expressed.
SWORN TO AND SUBSCRIBED before me this 2 of



My commission expires: