10/28/2005

## 60001058ax

## Florida Department of State

Division of Corporations Public Access System

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To: Division of Corporations Fax Number : (850)205-03B3 From: Account Name : HUBCO Account Number : 104662003400 : (516)935-3940 Phone Fax Number : (516)935-3088 LIMITED LIABILITY COMPANY Canal Street Used Tires LLC Certificate of Status Certified Copy 0 Page Count -0.2Estimated Charge \$130.00 adability Incument Electronic Filing Menu. Corporate Filing Public Access Help Skaminer COC Hipdater Harlater DOC DCC no ledgement

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Comp	pany is: Canal Street Used Ti	ires LLC
ARTICLE II - Address The mailing address and street address	of the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Addre	<u> </u>
1322 35th Street, Suite 101	13779 Blue La	agoon Way
Orlando, FL 32839	Orlando, FL 3	2828
ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature  The name and Florida street address of the registered agent are:  Edwin Torres  Name		
	13779 Blue Lagoon Way	28 F
	(P.O. Box or Mail Drop Box NOT  Orlando, FL 32828  (City / State / Zip)	Acceptatolic)
at the place designated in this certificapacity. I further agree to comply work of my duties, and I am familiar with Chapter 608, F.S.	cate, I hereby accept the appointment of the provisions of all statutes relative and accept the obligations of my positions.	r the above stated limited liability company as registered agent and agree to act in this ag to the proper and complete performance ion as registered agent as provided for in
Registered Agent's Signature - Edwin Torres		

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The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR"=Manager "MGRM" = Managing Member MGRM Edwin Torres-13779 Blue Lagoon Way, Orlando, FL 32828 Felix L. Rodriguez-13779 Blue Lagoon Way, Orlando, FL 32828 MGRM (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or 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.) **Edwin Torres** Typed or printed name of signee

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