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Special Instructions to Fil	ling Officer:	
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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	F.I. MotoRS		
	(Name of Limite	d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	0
Please return all corresp	condence concerning this matte	er to the following:	1915101 2006 FT
	Frank :	TABER	2006 FEB - 9 PM 3
	(Name of Person)	~o ^{'2}
	F.I. Moto	RS LLC Firm/Company)	PH 3: 34
	(Firm/Company)	<u>3</u>
	465 WO	oden AvE. (Address)	
		(Address)	
	South Pl	ginfield, Ni State and Zip Code)	5 07080
	(City	/State and Zip Code)	
For further information	concerning this matter, please	call:	
Frank	Irber	at (732) 496 (Area Code & Daytime T	5-5767
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or 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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
F.I. MotoR5 LU (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the private address and street address address and street address address address and street address and street address and street address address and street address an	ncipal office of the Limited Liability Company is:
The maning address and short address of the prin	•
Principal Office Address:	Mailing Address:
500th Plainfield, NJ 07080	Jouth Plain Field, NJ 07080
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Frank	Irbe
Name	
625 Am	beriack Drive &
	ess (P.O. Box NOT acceptable)
Panama City Beach City State at	FL 3341
City, State, an	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of mf duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Veligiei et Afeitt 2 pilitistit	in transcription

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Frank Irber 465 Wooden AVE South Plain Field, NJ 07
·	2006 FEB -9
(Use attachment if necessary)	PH 3:
CLE V: Effective date, if other than the	te date of filing: 2-6-06 (OPTIONAL) be specific and cannot be more than five business days prior

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.)

Frank Irber
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)