

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

tecnimotor auto collision llc

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ARTICLES OF ORGANIZATION OF A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME

The name of the Limited Liability Company is:

TECNIMOTOR AUTO COLLISION LLC

ARTICLE II-ADDRESS:

The mailing address and street address of the principle office of the Limited Liability Company is:

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS:

10102 NW 80 AVE.
ITIALEATI GARDEN FL 33016

10102 NW 80 AVE HIALEAH GARDEN FL 33016

ARTICLE III- REGISTERED AGENT, REGISTERED OFFICE, REGISTERED AGENTS SIGNATURE:

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

<u>ADOLFO SAKKAL</u>

10102 NW 80 AVE
FLORIDA STREET ADDRESS (F.O BOX NOT ACCEPTABLE)

HIALEAH GARDEN, FL 33016
CITY, STATE, AND ZIP

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I MEREBY 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 PERFOMANCE 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 SIGNATURE

100-12-5000 12:45 ENDINE COND.

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ARTICLE IV-MANAGEMENT/MEMBER(S):

The name(s) and address (es) of each Manager or Managing Member is as follows:

Title:

Name and address:

MGR= Manager MGRM= Managing Member

MGR= ADOLFO SAKKAL, 10102 NW 80 AVE, HIALEAH GARDEN FL 33016 MGR= ELIO ESCALANTE, 10102 NW 80 AVE, HIALEAH GARDEN FL 33016

(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 688,488(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ADOLFO SAKKAL
Typed or printed name of signed

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