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Division of Corporations
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From:
Account Name : WILLIAM J. STRANGE

WACCOUNT Number : I19980000052

Division of Corporations
SECRFTARY OF STATE

ACCOUNT Name : WILLIAM J. STRANGE

OACCOUNT Number : I19980000052

OBJUSTICAL STATE

OACCOUNT Number : (305) 267-2775

AM 9: 32

FLORIDA/FOREIGN LIMITED LIABILITY CO.

JUAN ALEGRIA REPAIRS AND SERVICES L.L.C

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#### ARTICLES OF ORGANIZATION

#### **FOR**

#### JUAN ALEGRIA REPAIRS AND SERVICES L.L.C.

## ARTICLE I

The name of the Limited Liability Company is JUAN ALEGRIA REPAIRS AND SERVICE, L.L.C.

# ARTICLE II ADDRESS

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

920 NE 137<sup>TH</sup> Street North Miami, Flo<del>ri</del>da 33161

## ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be perpetual.

SECRETARY OF STATE
DIVISION OF CORPORATION

WILLIAM J. STRANGE 1325 SW 87<sup>TH</sup> AVENUE MIAMI, FL 33174 PH. 305-267-2767 FAX 305-267-2775 H06000204383

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The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

> JUAN ALEGRIA (MGRM) 920 NE 137<sup>TH</sup> Street North Miami, Florida 33161

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s)

a member or an authorized representative of a member

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

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# ARTICLE Y ADMISSION OF NEW MEMBERS

The right. If given, of the members to admit additional members and the terms and conditions of the admissions shall be determined by a majority of the voting members.

## <u>ARTICLE VI</u> <u>MEMBERS RIGHTS TO CONTINUE BUSINESS</u>

The right. If given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be determined by a majority of the voting members.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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

1. The name and address of the Registered Agent is:

JUAN ALEGRIA 920 NE 137<sup>TH</sup> Street North Miami, Florida 33161

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, Florida Statute.

Date

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SECRETARY OF STATE DIVISION OF CORPORATIONS