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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800)494-3124  
Fax Number : (305)675-2811

DIVISION OF CORPORATION

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**KENNY PRE-OWNED AUTO SALES AND REPAIR LLC**

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S

**ARTICLE I NAME**

The name of the Limited Liability Company is:  
KENNY PRE-OWNED AUTO SALES AND REPAIR LLC

**ARTICLE II ADDRESS**

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

3304 OLD WINTER GARDEN RD  
ORLANDO FL 32805

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

SURSATIE HOOSAIN  
3304 OLD WINTER GARDEN RD  
ORLANDO FL 32805

Having been named as registered agent 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, F.S..



SURSATIE HOOSAIN Registered Agent's Signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
SURSATIE HOOSAIN  
3304 OLD WINTER GARDEN RD  
ORLANDO FL 32805

MANAGING MEMBER  
SHAKIR HOOSAIN  
3304 OLD WINTER GARDEN RD  
ORLANDO FL 32805

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X *Sursatie Hoosain*

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.

NAME OF SIGNER SURSATIE HOOSAIN  
Typed or printed name of signee

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