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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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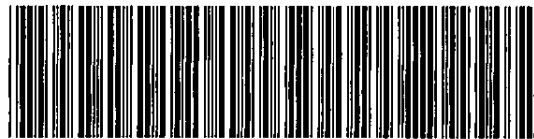
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 MAR 19 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Quinn MAR 20 2007

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Best Choice Auto Supplies LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mario Laborde Isidron

(Name of Person)

(Firm/Company)

12500 NE 15th Avenue # 201

(Address)

North Miami, Florida 33161-6038

(City/State and Zip Code)

For further information concerning this matter, please call:

Ana D. Calafell at ( 305 ) 321-6799  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**BEST CHOICE AUTO SUPPLIES LLC**

**ARTICLE II- Address:**

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

**12500 NE 15<sup>TH</sup> AVENUE # 201**  
**North Miami, Florida 33161**

**ARTICLE III- Duration:**

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

**ARTICLE IV- Management:**

The Limited Liability Company is to be managed by a member and the name and addresses of the managing member is:

**Mario Laborde Isidron**  
**12500 NE 15<sup>TH</sup> AVENUE # 201**  
**North Miami, Florida 33161**

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**ARTICLE V-Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be the consent of all members.


ARTICLE VI-Members Rights to Continue Business:


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 a member or the occurrence of any other event which terminates membership of a member in the limited liability company shall be on the consent of the surviving member.

STATE OF FLORIDA     )  
COUNTY OF MIAMI-DADE )

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared **Mario Laborde Isidron**, to me known to be the person described in and who executed the foregoing instrument, and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 16<sup>TH</sup> day of March 2007.

  
\_\_\_\_\_  
Mario Laborde Isidron

  
\_\_\_\_\_  
(Signature of person taking acknowledgment)  
**Jada M. Batty**  
Commission #DD345722  
Expires: Aug 10, 2008  
Bonded Through  
Atlantic Bonding Co., Inc.  
\_\_\_\_\_  
Typed, printed or stamped name  
Title(or Rank): Notary Public

**CERTIFICATE OF DESIGNATION OF  
REGISTER AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507,  
FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY  
COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A  
REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF  
FLORIDA.

1. The name of the limited liability company is: **Best Choice Auto Supplies, LLC**
2. The name and address of the registered agent and the office is:

**ANA D. CALAFELL  
7621 NW 2<sup>ND</sup> ST  
Miami, Fl 33126**

Having been named as registered agent and to accept service process for the above states 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 performances of my duties, am I am familiar with and accept the obligations of my position as registered agent.



Signature

By: Ana D. Calafell CPA

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