

**L07000036295**

Florida Department of State  
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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**JAS MOTOR TRADING, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY****ARTICLE I -****Name:** The name of the Limited Liability Company is:**JAS MOTOR TRADING, LLC**

(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 principal office of the Limited Liability Company is:

**Principal Office Address:****Mailing Address:****6500 NW 72 AVE  
MIAMI, FL 33166****6500 NW 72 AVE  
MIAMI, FL 33166****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's****Signature:** (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

**JULIAN ANDRES SCATTOLINI**

Name

**6500 NW 72 AVE**

Florida street address (P.O. Box NOT acceptable)

**MIAMI, FL 33166**

FL City, State, and Zip

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*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, F.S.*

  
-----  
Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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**ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows:

**Title:****"MGR" = Manager****"MGRM" = Managing Member****Name and Address:****MGR**

**JULIAN ANDRES SCATTOLINI**  
**5403 SW 152 PLACE CIRCLE**  
**MIAMI, FL 33185**

**MGR**

**MARISA S MAIORINO**  
**P.O. BOX 800215**  
**MIAMI, FL 33280**

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing:----- (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED: SIGNATURE**

  
\_\_\_\_\_  
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.)

**JULIAN ANDRES SCATTOLINI**  
Typed or printed name of signer

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