## L07000043423

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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SECRETARY OF SIA

## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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	Office Use Only 70
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):
RIMS TIRES &	PERFORMANCE LLES
(Corporation Name)	(Document #)
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(Corporation Neme)	(Document #)
2	
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time	2.00 Certified Copy
Mail out Will wait	Photocopy
NEW FILINGS	AMENDMENTS
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability  Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	☐ Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
☐ Fictitious Name	Limited Partnership Reinstatement
	Trademark
	Other

**Examiner's Initials** 

CR2E031(7/97)

RTICLES OF	ORGANIZATION	FOR FL	ORIDA LIM	HTED LL	ABILITYPOOMPANY
ARTICLE I - N The name of the	Name: 2 Limited Liability C	Company is:			ETARY ETARS
Must and with the v	TIRES : E.	ompany, "Limite	Z <i>FOR</i> M	ANCE sir abbreviatio	LLC TO
ARTICLE II - The mailing add		ess of the pr	incipal office	of the Limi	ited Liability Company is:
Principal Offic	ce Address:	,	Mailing Ad	dress:	
8001 SU MIAMI, F	16 ST 2331SS		_50	ML	
(The Limited Linbili	- Registered Agent ity Company cannot serve h an active Florida registra	as its own Regis	l Office, & Released Agent. You r	egistered A	Agent's Signature: an individual or another
The name and	the Florida street add	dress of the	registered agei	nt are:	···.
	TEDOY	ALV	ARA <u>DC</u>	)	· **: ·
	8001 5	U 16 orida street ad	dress (P.O. Box )	NOT accepta	- ble)
	MIAM! F	City, State,	FL · 33	3155	_
	namea as registerea l	agent and to	accept service	oj process	for the above stated limited ecept the appointment as

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

<u>l'itle:</u> 'MGR" = Manage		Name and Address:
MGRM" = Mana	aging Member	TEDOY ALVARADO 8001 SW 16 ST MIAMI, FL 33155
	<del></del>	**************************************
•••		
(Use attachment		
LE V: Elsective	date, if other than the ted, the date must late of filing.)	e date of filing: (OPTI be specific and cannot be more than five busines
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.)  GNATURE:	be specific and cannot be more than five busines  Md
LE V: Effective fective date is lis days after the d	date, if other than the sted, the date must be ate of filing.)  GNATURE:  Signature of a memical support of a memi	be specific and cannot be more than five busines  ber or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

ARTICLE IV- Manager(s) or Managing Member(s):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)