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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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Fax Number : (305) 633-9696

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

multi vendor products & parts, llc

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ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

MULTI VENDOR PRODUCTS & PARTS, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

**960 KOKOMO KEY LANE
DELRAY BEACH, FL 33483**

ARTICLE III - Registered Agents Name, Office Address, & Registered Agents Signature:

**CHRISTOPHER GUAZZELLI
960 KOKOMO KEY LANE
DELRAY BEACH, FL 33483**

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

Date 5/23/2007

- ☒ Article IV - Management (Check box if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. Specify name & address(es).

1. CHRISTOPHER GUAZZELLI, 960 KOKOMO KEY LANE, DELRAY BEACH, FL 33483



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.

CHRISTOPHER GUAZZELLI
Typed or printed name of signee

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