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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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SECRETARY OF STATE
PALLAHASSEF F. STATE

Empire Toll Free: 1-800-432-3028

Charter Number Only

	Phone	CTIVE DATE 8 17 07
CORPORATION(S	S) NAME	
Hilbe	pts'Tires 1	L.C.
		
() Profit () NonProfit	() Amendment	() Merger
() Foreign	() Dissolution	() Mark
() Limited Partnership () Reinstatement	() Annual Report () Reservation) Change of Registered Agent
ACCOMMENDED CONTRACTOR	() Photo Copies	() Certificate Under Seal
() Call When Ready Walk Int. () Will Wal	() Call If Problem	() After 4:30 () Mail Out
Name]	
Availability Document	1	
Examiner Updater		
-	1	
Verifier		

EFFECTIVE DATE \$ 17/07

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company	vis:
	To the second
LIII DEDTIC TIDEO LA O	بي ۾ ڳي
HILBERT'S TIRES L.L.C.	<u>`</u> `⊘♡ '
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is:
-	
Principal Office Address:	Mailing Address:
7355 W 3RC CT # 309	7255 W 28D CT # 200
HIALEAH FL. 33014	7355 W 3RD CT # 309 HIALEAH FL. 33014
HIACEAN TE. 00014	THALLATT E. OOCT
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.) The name and the Florida street address of the HILBERTO HERN	
N	ame
330 W. 9 STREE	ET # 4
Florida stree	et address (P.O. Box NOT acceptable)
HIALEAH	_{FL} 33010
City, St	ate, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

<u>tle:</u> 1GR" = Manager	Name and Address:
IGRM" = Managing Member	
SR .	HILBERTO HERNANDEZ
	7355 W 3RD CT # 309
	HIALEAH FL. 33014
se attachment if necessary)	
W. Effective date if other than the	date of filing: 08/17/2007 (OPTIC
	e specific and cannot be more than five business
EV: Effective date, if other than the	date of filing: 08/17/2007. (OP

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.)

HILBERTO HERNANDEZ

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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