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SECRETARY OF SIAI

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HOT WHEELS AUTO DALES LLC (Name of Limited Liability Company)	سر.
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	.
Arturo HERNANDEZ (Name of Person)	_
HOT WHEEZS AUTO SALES LLC SUSTEMPLES (Firm/Company)	8
3136 LAYLA ST	
(Address) TALLAITHASSEE, FLORIDA 33.303 (City/State and Zip Code)	
For further information concerning this matter, please call: ARTURO HERNANDEZ at (850) 519-3226 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
■\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
HOT WHEELS AUTO	SALES OF TALLAHASSEE LLC
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ADTICLE II A LI	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
The maning address and street address of the pr	merpar office of the Enimed Liability Company is.
Principal Office Address:	Mailing Address:
3136 LAYLA ST	3136 LAYLAST
TALLAHASSE, FC	TALLA MASSEE, FC
32303	32303
The name and the Florida street address of the recommendation of the Parameter of the Param	ST ress (P.O. Box NOT acceptable)
City, Blatte, al	
liability company at the place designated in the registered agent and agree to act in this capacitall statutes relating to the proper and complete	iccept service of process for the above stated limited his certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S
Pagistared Agent's Signatur	(DEOLIDED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/19/ (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 SIGNATURE2

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.)

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)