

Division of Corporations

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**Florida Department of State**  
**Division of Corporations**  
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To:

Division of Corporations  
 Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICE OF MITCHELL A. SHERMAN, P.A.  
 Account Number : I20030000145  
 Phone : (561) 738-1202  
 Fax Number : (561) 738-1676

08 JAN 24 AM 10:13

SECRETARY OF  
DIVISION**FLORIDA/FOREIGN LIMITED LIABILITY CO.****CAR Investment Holdings, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**G. MCLEOD**

JAN 25 2008

**EXAMINER**

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

CAR Investment Holdings, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**7593 Boynton Beach Blvd., Suite 220  
Boynton Beach, FL 33437**Mailing Address:**7593 Boynton Beach Blvd., Suite 220  
Boynton Beach, FL 33437**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:

Mitchell A. Sherman, Esq.

Name

7593 Boynton Beach Blvd., Ste. 220Florida street address (P.O. Box NOT acceptable)Boynton Beach, FL 33437

City, State, and Zip

*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)

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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

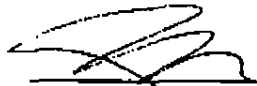
"MGRM" = Managing Member

**Name and Address:**MGRMCharles Scardina7593 Boynton Beach Blvd., Suite 220Boynton Beach, FL 33437MGRMRamzi Akel7593 Boynton Beach Blvd., Suite 220Boynton Beach, FL 33437MGRMMitchell A. Sherman7593 Boynton Beach Blvd., Suite 220Boynton Beach, FL 33437

(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.)

Mitchell A. Sherman

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)**

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