

LOG 0000009432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

EFFECTIVE DATE

1/25/08

(Business Entity Name)

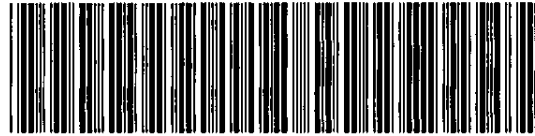
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700115993407

FILED
08 JAN 28 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/28/08--01011--020 **155.00

B. KOHR

JAN 28 2008

EXAMINER

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 JAN 28 AM 11:06
NOT PRESENTED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

LAZARUS

CORPORATE FILING SERVICE
3320 SW 87TH AVENUE
MIAMI, FL 33165
305-552-5973

EFFECTIVE DATE

Office Use Only

FILED
08 JAN 28 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. UNLIMITED AUTO SALES & RENTALS L.L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



Walk in



Pick up time

2:00

Mail out



Will wait



Photocopy



Certified Copy



Certificate of Status

NEW FILINGS

Profit



Not for Profit



Limited Liability



Domestication



Other

AMENDMENTS

Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

OTHER FILINGS

Annual Report



Fictitious Name

REGISTRATION/QUALIFICATION

Foreign



Limited Partnership



Reinstatement



Trademark



Other

Examiner's Initials

EFFECTIVE DATE 1/25/08

FILED
08 JAN 28 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNLIMITED AUTO SALES & RENTALS L.L.C.

(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:

Mailing Address:

16950 NORTH BAY ROAD #1406
SUNNY ISLES, FL 33160

16950 NORTH BAY ROAD #1406
SUNNY ISLES, FL 33160

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:

ALEXANDRA SANDOVAL

Name

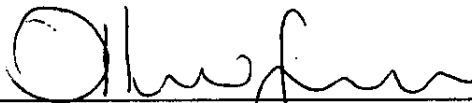
16950 NORTH BAY ROAD SUITE #1406

Florida street address (P.O. Box **NOT** acceptable)

SUNNY ISLES FL 33160

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)

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:

'MGR'

ALEXANDRA SANDOVAL
16950 NORTH BAY ROAD # 1406
SUNNY ISLES, FL. 33160

'MGRM'

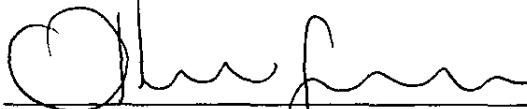
JUAN CARLOS FLORES
16950 NORTH BAY ROAD # 1406
SUNNY ISLES, FL 33160

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 25, 2008 (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.)

ALEXANDRA SANDOVAL

Typed or printed name of signee