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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

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Corporate direct/

Creating Your Financial Future.®

2248 Meridian Boulevard, Suite H Minden, Nevada 89423

775-284-7165 - Darla Direct 800-600-1760 - Toll Free 775-824-0105 - Fax dshields@corporatedirect.com

February 25, 2008

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: CZ MOTORS, LLC

Dear Clerk:

Enclosed for filing please find the Articles of Organization for the above-referenced entity along with our check in the amount of \$130 for the filing fee. Once filed, please return to me in the envelope that has been provided.

Thank you for your assistance with this filing. Should you have any questions, please don't hesitate to contact me.

Sincerely,

Darla Shields

Account Executive

:ds Encl.

· TRANSMITTAL LETTER

ΓO: Registration Division of	n Section Corporations				
SUBJECT: CZ M	OTORS, LLC				
	(Name of Limited Liability Company)				
The enclosed Article	s of Organization and fee(s) are submitted for filing.				
•	Please return all correspondence concerning this matter to the following:				
	Darla Shields				
	(Name of Person)				
	Corporate Direct, Inc.				
	(Firm/Company)				
2248 Meridian Blvd, Suite H					
(Address)					
	Minden, NV 89423				
(City/State and Zip Code)					
	,				
For further information	on concerning this matter, please call:				
Darla Shields	at (775) 284-7165				
(Na	me of Person) (Area Code & Daytime Telephone Number)				

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company i	s:
CZ MOTORS, LLC	<u></u>
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
906 SE 8th Place	2248 Meridian Blvd., Suite H
Cape Coral, FL 33990	Minden, NV 89423
·	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the Gerri Detweiler	e registered agent are:
Nam	TAR HASS
1037 Greystone Lane	
Florida street address (P	P.O. Box NOT acceptable) P.O. Box NOT acceptable) P.O. Box NOT acceptable) P.O. Box NOT acceptable)
Sarasota	FLORIDA 34232 OF W
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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
Manager	Jaroslav Komprda			
	906 SE 8th Place			
	Cape Coral, FL 33990			
		.		
				
(Use attachment if necessary)		·		
NOTE: An additional article must be	added if an effective date is requested.	-	-	
REQUIRED SIGNATURE:		SECF	08 FI	
	uthorized representative of a member.	AHASSE	EB 28 F	
	.408(3), Florida Statutes, the execution offirmation under the penalties of perjury ue.)	E FLORIC	PH 12: 13	

<u>Filing Fees:</u> \$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Darla Shields, Organizer Typed or printed name of signee