

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000091915 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: JOEL SANDERS & COMPANY, PA

Account Number : I20040000032

Phone

: (954)916-2000

Fax Number

: (954)916-2021

FLORIDA/FOREIGN LIMITED LIABILITY CO.

GT Autowerks, LLC

| | ···· |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

((H080000919153))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

GT AUTOWERKS, LLC

ARTICLE II - Address:

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

8568 NW 64 Street Miami, FL 33.166

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Alec Wolff 8586 NW 64 Street Minmi, FL 33166

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. Thereby 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 approvided for in Chapter 608, F.S.,

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable).

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorisis representative of a member.

(In accordance with section 608,408(3), Floride Statutes, the execution of this document constitutes an affirmation under the parallels of perjury that the facts stated herein are true).

Alec Wolff

Typed or primed name of signer

filling fees:

\$ 100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5.50 Certificate of Status (Optional)

OB APR IO AM 8: 01
SECRETARY OF STATE
O

((H080000919153))