

L08000054980

Florida Department of State  
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.

((H08000143369 3)))



H080001433693ABC1

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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

RECEIVED

08 JUN -3 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

REPUESTOS DEPOT LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUN -3 AM 11:23

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

JUN - 4 2008

EXAMINER

**H08000143369****ARTICLE OF ORGANIZATION****OF****REPUESTOS DEPOT LLC**

The undersigned hereby subscribes to these Articles of Organization for a Limited Liability Company under the Laws of the State of Florida.

**ARTICLE I**

The name of this limited liability company is:

**REPUESTOS DEPOT LLC****ARTICLE II**

The mailing address of the principal office of this limited liability company shall be 5410 N. Suwanee Avenue, Tampa, Florida 33604 and such other place or places as the members from time to time may determine.

The name and address of the initial registered agent is:

**Olivar Gorgal****5410 N. Suwanee Avenue  
Tampa, FL 33604****ARTICLE III**

The period of duration for the limited liability Company shall be perpetual unless sooner dissolved in accordance with the laws of the State of Florida. The date of existence shall begin upon the filing of these Articles of Organization and upon acceptance by the Secretary of State. This limited liability company may engage in any activity or business permitted under the laws of the United States and the laws of the State of Florida. Without limiting any of the purposes, powers and objects of this limited liability company it is expressly declared and provided that this limited liability company shall have power in carrying on its own business, or for the purpose of accomplishment of any of the purposes or attainment of its objects, to make and perform contracts of any kind and description and to do any and all other acts, to exercise any and all powers either as principal, agent or broker, conferred by the laws of Florida upon limited liability companies, and which a partnership or natural person could do and exercise, and which now or hereafter may be authorized by law.

08 JUN -3 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**H08000143369**

**H08000143369**

**ARTICLE IV**

The Limited Liability Company shall be managed by the members with voting power prorata to their interest. The right and duties of the members shall be set forth in the regulations of this limited liability company, which are incorporated herein by reference.

The names and addresses of the initial members of this limited liability company are:

Olivar Gorgal                      5410 N. Suwanee Avenue  
Tampa, FL 33604

Juan Carlos Rodriguez            5410 N. Suwanee Avenue  
Tampa, FL 33604

The names and addresses of the managing members are:

Olivar Gorgal                      5410 N. Suwanee Avenue  
Tampa, FL 33604

Juan Carlos Rodriguez            5410 N. Suwanee Avenue  
Tampa, FL 33604

**ARTICLE V**

In the event of withdrawal, retirement, bankruptcy or dissolution of a member, or the occurrence of any other event which terminates the continued membership of a member, this limited liability company shall remain in existence and continue in business pursuant to the applicable provisions of the regulations.

**H08000143369**

**FILED**  
**08 JUN -3 AM 11:23**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H08000143369

**ARTICLE VI**

The members of the limited liability Company shall adopt regulations containing all provisions for the regulation and management of this company, which shall be consistent with the law or these articles.

**ARTICLE VII**

A member's interest in this limited liability company may be transferred only with the unanimous written consent of all remaining members if the transferee intends to become a member.

**ARTICLE VIII**

These articles may be amended at any time by the unanimous consent of the members as deemed appropriate to facilitate the accomplishment of the purpose of the limited liability Company, and the amendment shall be executed and duly filed with the Florida Department of State.

The undersigned authorized representatives Olivar Gorgal and Juan Carlos Rodriguez members of Repuestos Depot LLC Depotes and says:

The above named limited liability Company has two members.

Olivar Gorgal

Name of Authorized Representative of Member

[Signature]  
Signature of Authorized Representative of Member

Juan Carlos Rodriguez

Name of Authorized Representative of Member

[Signature]  
Signature of Authorized Representative of Member

FILED  
08 JUN -3 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H08000143369

H08000143369

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS  
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is:

REPUESTOS DEPOT LLC

The name and address of the registered agent and office is:

Olivar Gorgal  
5410 N. Suwanne Avenue  
Tampa, FL 33604

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.

  
\_\_\_\_\_  
Signature of Registered Agent

06-02-2008  
Date

H08000143369

FILED  
08 JUN -3 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA