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EXAMINER



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Corporatedirect/

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

July 9, 2008

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

RE: Tomi Autos, LLC

Dear Clerk:

Enclosed please find the Articles of Organization for the above referenced entity along with our check in the amount of \$130 for the filing fees. Please return this filing 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 at the number above.

Sincerely,

Darla Shields

Account Executive

are Aruch

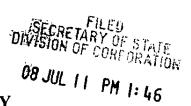
:ds Encl,

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOMI AUTOS, LLC	e of Limited Liability Company)
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Darla Shields
	(Name of Person)
	Corporate Direct, Inc.
	(Firm/Company)
2	2248 Meridian Blvd., Suite H
	(Address)
	Minden, NV 89423
	(City/State and Zip Code)
For further information concerning this ma	tter, please call:
Darla Shields (Name of Person)	at (775) 284-7165 (Area Code & Daytime Telephone Number)
(Maine of Fersoll)	(Alea code & Daytime Telephone (Annoe)

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	y is:
TOMI AUTOS, LLC	
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1041 Harrison Avenue	1041 Harrison Avenue
Panama City, FL 32401	Panama City, FL 32401
ARTICLE III - Registered Agent, Register The name and the Florida street address of t	ered Office, & Registered Agent's Signature:
Gerri De	
	ame
1037 Gre	ystone Lane
Florida street address	(P.O. Box NOT acceptable)
Sarasota	FLORIDA 34232

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	Milan Vondra
	1041 Harrison Avenue
	Panama City, FL 32401
Manager	Tomas Zubicek
	1041 Harrison Avenue
	Panaman City, FL 32401
(Use attachment if necessary)	
NOTE: An additional article n	nust be added if an effective date is requested.
	iust be unden ii un ellective unte is requesteu.
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
(In accordance with sec of this document constit that the facts stated here	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.)
Dar	rla Sheilds, Organizer
	ed or printed name of signee

Filing Fees:

\$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)