

L08000074962

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 1200000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

WHEELS WASH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN

AUG - 6 2008

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WHEELS WASH, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG -5 AM 8:01

ARTICLE II - Address:

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

Principal Office Address:

1480 MAIN HIGHWAY**COCONUT GROVE, FL 33133**

Mailing Address:

3480 MAIN HIGHWAY**COCONUT GROVE, FL 33133**

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:

DIEGO SAN ROMÁN

Name

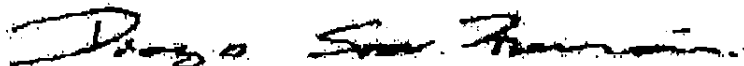
3480 MAIN HIGHWAY

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

COCONUT GROVE, FL 33133

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)

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DIVISION OF CORPORATIONS
08 AUG -5 AM 8:07

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Jose A. Calderon

240 SW 15 Rd #106, Miami, FL 33129

MGRM

Diego San Roman

3490 Main High Way, Coconut Grove, FL 33133

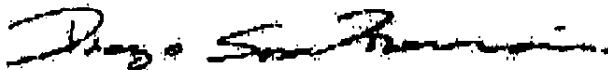
MGRM

Roman Roman

PO BOX 310788, Miami, FL 33231

See attachment if necessary)

SECTION V: Effective date, if other than the date of filing: _____ (OPTIONAL)
 If effective date is listed, the date must be specific and cannot be more than five business days prior
 90 days after the date of filing.)

REQUIRED SIGNATURE:

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

(In accordance with section 609.108(3), Florida Statute, the execution
 of this document constitutes an affirmation under the penalties of perjury
 that the facts stated herein are true.)

Diego San Roman

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation
 of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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