FAX NO. :3052201440

Dec. 30 2008 12:07PM P1

Florida Department of State

Division of Corporations Public Access System

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 : (305)552-5973 Phone

Fax Number

(305)220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PRO AUTO SERVICE LLC

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C. LEWIS DEC 3 1 2008 **EXAMINER**

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FROM : LAZARUS

FAX NO. :3052201440

Dec. 30 2008 12 08PM P2

SECRETARY OF STATE TALLAHAESEE, FLORIDA

H08000281226

ARTICLES OF ORGANIZATION FOR IN ORDINA THATTER THE PROPERTY CONTRACTOR

COMPANY COMPANY				
ARTICLE I - Name: The name of the Limited Liability Comp	dany is:			
Pro Auto Service LLC (Mout and with the words "Limited Liability Company, "LL.C.," or "L.C.")				
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liability Company is:			
Princinal Office Address:	Mailing Address:			
10384 G. 1. 188 G. 1	10384 SUN 188 SH			

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company comes serve as its own Registered Agent, You must designate an individual or snother

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

business entity with an active Pierida registration.)

Jame Posada

Name

10784 Sw 188 St

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

MIOMI FL 33157

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, P.S.

Rogiphical Agent's Signature (REQUIRED)

(CONTINUED)
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2008 DEC 30 AM 10: 16

SECRETARY OF STATE TALLAHASSEE, FLORIBA

PEN AN		ager or Managing Member is as follows:
<u>'Elfler</u> "MGR" = Man "MGRM" = Mi	ager Inaging Member	Name and Address:
MGR		Tarra Pro-da
	~~·	10384 SULL 188 FEE
		MI9MI, FI 33157
MGR		Ignacio Marrero
		14024 SW 240 8 # 103
		MIAMI, FI 33032
		·
		
		
•		
Use attuchmen	it if necessary)	
	••	
J.V: Effective	e date, if other than th	
fective date is E	e date, if other than the isted, the date must b	
.B.V: Effective fective date is B	e date, if other than th	e date of filing: (OPTIONAL be specific and cannot be more than five business days
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E V: Effective fective date is is days after the	e date, if other than the isted, the date must l date of filing.)	
E; V: Effective fective date is E days after the	e date, if other than the isted, the date must l date of filing.)	
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J.V: Effective fective date is i	e date, if other than the lated, the date must blate of filing.) IGNATURE: Signature of a member of a member of a member of the continues with a	pe specific and cannot be more than five business days our or an authorized representative of a member. section 608.408(3), Florida Statutus, the execution stitutes an affirmation under the penaltics of parjury
E V: Effective fective date is is days after the	e date, if other than the lated, the date must black of filing.) IGNATURE: Signature of a member of this document compliant that the facts stated	pe specific and cannot be more than five business days our or an authorized representative of a member. section 608.408(3), Florida Statutus, the execution stitutes an affirmation under the penaltics of parjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 20.00 Cartified Copy (Optional)
\$ 5.00 Cartificate of Status (Optional)

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