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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

S. HAWKES

MAR 12 2009

EXAMINER

RECEIVED
09 MAR 11 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MOTO STORE, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

MOTO STORE, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MOTO STORE, LLC.

FILED
09 MAR 11 AM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - ADDRESS

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

**8205 NW 66 ST
MIAMI, FL. 33166**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

ANGELA MUNOZ

8205 NW 66 ST

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

MIAMI, FL. 33166
City, State, and Zip

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

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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

ARTICLE IV- MANAGEMENT

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

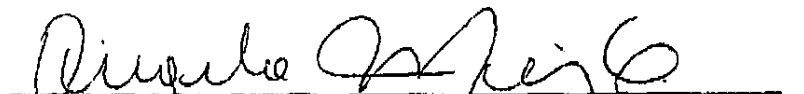
ANGELA MUNOZ
8205 NW 66 ST
MIAMI, FL. 33166

MANAGER

JULIANA MUNOZ
8205 NW 66 ST
MIAMI, FL. 33166

MANAGER

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


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ANGELA MUNOZ
Typed or printed name of signee

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FILED
MAR 11 AM 9:05
CLERK OF DISTRICT COURT
JULIANA MUNOZ