

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
Phone: (305)552-5973
Fax Number: (305)220-1440

HASSEE, FLORIDO

FLORIDA/FOREIGN LIMITED LIABILITY

LUXURY SPORT WHEELS LLC

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

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Electronic Filing Menu

Corporate Filing Menu

MARe168 2009

EXAMINER

H09000061815

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Luxury Sport Wheels (Must end with the words "Limit	LIC	5	
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")	SET SO	
ARTICLE II - Address:			•
The mailing address and street address of	f the principal office of the Limited I	iability Company is	÷
Principal Office Address:	Mailing Address:	7 A	F
7007	5 Canada	E on	1.1
7927 SW 104 St # E-10 Migmi, FL 3315C	Same	28	G
Migni, FL 3315C ARTICLE III - Registered Agent, Reg	istered Office, & Registered Agent		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or	istered Office, & Registered Agent wn Registered Agent. You must designate an ind		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	istered Office, & Registered Agent wn Registered Agent. You must designate an ind of the registered agent arc:		•
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	istered Office, & Registered Agent wn Registered Agent. You must designate an ind		
ARTICLE III - Registered Agent, Registered Agent, Registered Agent, Registered Agent, Registered Limited Liability Company cannot serve as its or business entity with an active Florida registration.) The name and the Florida street address	istered Office, & Registered Agent wn Registered Agent. You must designate an ind of the registered agent are: Bunussar		

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)
Page 1 of 2
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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" = Mana; "MGRM" = Mar	ger	Name and Address:	
MGRM	1	Elie Bunossar 7427 SL 164 St HE-107 Miarni FL 33156	
MERM		Luis Vargas 792> SW 1045/ \$8-10> Miami Fl 33156	TALLIAR IAR
		V	87 is in
(Use attachment		of filing:	L)
ICLE V: Effective	date, if other than the date sted, the date must be sp	of filing: (OPTIONA ecific and cannot be more than five business day	
ICLE V: Effective	date, if other than the date sted, the date must be spe ate of filing.)		
ICLE V: Effective effective date is li 90 days after the d	date, if other than the date sted, the date must be speate of filing.) GNATURE:		
ICLE V: Effective effective date is li 90 days after the d	date, if other than the date sted, the date must be speate of filing.) GNATURE: Signature of a member or (In accordance with section of this document constitute that the facts stated herein stated the section of this document constitute.	an authorized representative of a member. 608.408(3), Florida Stantes, the execution an affirmation under the penalties of perjury	

\$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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