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SECRETARY OF STATE

D. BRUCE

NOV 10 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	ECT:	Automo	tive Industries, LLC.	
		Name of Limite	d Liability Company	
The end	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corres	pondence concerning this matte	er to the following:	
	- Marie - Mari		ose Palacios	
		1	Name of Person	
,			ive Industries, LLC.	
			Firm/Company	•••
		128	Gardenia AVE	SEL ALL
			Address	ANN NO
		Ponte V	edra Florida 32082	ARY SSE
		·	/State and Zip Code	TO 32 1
-			os252@msn.com or future annual report notification)	- 28 - (
For fur	ther information	concerning this matter, please	•	O4 IDA
		e Palacios	at (904) 42 Area Code & Daytime Telep	22-1484
			Area code de Dayrille Fele,	Mone Number
Enclos	sed is a check f	or the following amount:		
]\$ 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section	Street/Courier Address Registration Section	
		Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Automotive Indus (Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
128 Gardenia AVE Ponte Vedra Florida 32082 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Carolyn F.	Palacios Palacios Palacios Palacios
Name	ASS.
128 Garde	
Florida street address (P.O.	Box NOT acceptable)
Ponte Vedra, 32082	DRIDE OF
City, State, a	nd Zip
Having been named as vegistered agent and to	accent service of process for the above stated limited

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

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

"MGR" = Manager	
"MGRM" = Managing Memb	per
"MGR"	Jose Palacios
	128 Gardenia AVE
	Ponte Vedra, Florida 32082
"MGRM"	Carolyn Palacios
	128 Gardenia AVE
	Ponte Vedra, Florida 32082
"MGRM"	Jose Gabriel Palacios
	128 Gardenia AVF
	Ponte Vedra, Florida 32082
(Use attachment if necessary))
LE V: Effective date, if other	than the date of filing: (OPTIONAL
LE V: Effective date, if other	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other ffective date is listed, the date days after the date of filing.)	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days
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LE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance of this docurrent)	than the date of filing: (OPTIONAL must be specific and cannot be more than five business days
LE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: Signature of (In accordance of this document of the facts)	a member or an authorized representative of a member. ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury a stated herein are true.)
LE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REOUIRED SIGNATURE: Signature of (In accordance of this document of the facts)	than the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)