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| (Re | questor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bu | siness Entity Nam | ne)· ·· | | | |
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| Çertified Copies | Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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J. BRYAN

DEC -4 2009

EXAMINER

COVER LETTER

| TO: | Registration Division of C | | | |
|-----------------|----------------------------|---|--|---------------------------------------|
| SUBJE | CCT: | UNIVERSAL | CARS | LLC |
| | | Name of Limited | Liability Company | |
| The en | closed Articles o | of Organization and fee(s) are su | ibmitted for filing. | |
| Please | return all corres | pondence concerning this matter | r to the following: | |
| | | FAYCAL | LARAKI T | |
| | | ١ | Name of Person | |
| | | 1 | Firm/Company | |
| | | | | 1/ |
| | | 1680 CORAL | | |
| | | MiANI City/ | FL 33145 | 5 |
| | | | | |
| - | | FAYCAL 123 E-mail address: (to be used for | 7 @ YAHOO. r future annual report no | copy otification) |
| For fur | ther information | concerning this matter, please of | | |
| _£ | FAY CAL . Name | LARAKI Of Person | at (<u>972</u>) Area Code & D | 757- 1515 Daytime Telephone Number |
| Enclos | ed is a check f | or the following amount: | | |
| ₹ \$125. | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing For Certified Copy (additional copy is e | Certificate of Status & |
| | | Mailing Address Registration Section | Street/Courie Registration S | |
| | | Division of Corporations P.O. Box 6327 | Division of C Clifton Build | orporations |
| | | Tallahassee FL 32314 | | ing ve Center Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: |
|--|
| (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.") |
| (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| |
| Principal Office Address: Mailing Address: |
| 1680 CORAL WAY #16 Same as principal Office Address. MIAHI FL 33145 |
| 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: |
| Ţ Ţ |
| FAYCAL LARAKI Name 1680 CORAL WAY #16, |
| Name |
| 1680 CORAL WAY #16, |
| Florida street address (P.O. Box NOT acceptable) |
| MIAMI FL 33/45 City, State, and Zip |
| 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 |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

| <u>Title:</u> "MGR" = Manag "MGRM" = Man | er | ame and Address: |
|--|---|--|
| MGRM - Man | E | AYCAL LARAK(1680 CORAL WAY # 16 MIAMI FL 33145 |
| | - - | |
| | | |
| | | |
| (Use attachment | f necessary) | |
| RTICLE V: Effective of an effective date is list or 90 days after the da REQUIRED SIG | ted, the date must be speci te of filing.) | f filing: (OPTIONAL) fic and cannot be more than five business days p |
| | | and the same of th |
| | (In accordance with section 60 | authorized representative of a member. 8.408(3), Florida Statutes, the execution n affirmation under the penalties of perjury true.) |
| Filing Fees: | | orinted name of signee |

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

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