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(((H100000838143)))



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To:

Division of Corporations

Fax Number

: (850)617-6393

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO. AUTOLUBE INTERNATIONAL, LLC.

Certificate of Status	0
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J. BRYAN

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EMBIKE COKE KIT

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April 15, 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE CORPORATE KIT COMPANY .

SUBJECT: AUTOLUBE INTERNATIONAL, LLC

REF: W10000018253



We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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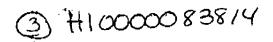
Joey Bryan Regulatory Specialist II FAX Aud. #: H10000083814 Letter Number: 310A00009253

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SECHETARY OF STATE

P.O BOX 6327 - Taliahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
AUTOLUBE SERVICE IN	
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Melling Address:
4190 W, FLAGLER ST.	4190 W, FLAGLER ST.
MIAMI, FL 33134	MIAMI, FL 33134
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 resulting PLUS MAN	tered Agent. You must designate an individual or another egistered agent are:
Name	
16723 SW 117T	'H AVENUE
	iress (P.O. Bax NOT acceptable)
MIAMI	բլ 33177
City, Ste	ale, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete peacept the obligations of my position as regis	accept service of process for the above stated limited his certificate. I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signati	rie (keģuiķed)
(CONTL	NUED)
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Title:	Name and Address:
"MGR" = Manager	To the second se
"MGRM" = Managing Member	
MGRM	BUILDERS PLUS MANAGEMENT, INC. 16723 SW 117TH AVENUE
	16728 SW 117TH AVENUE
	MIAMI, FL 33177
	•
	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the	date of filing: (OPTIONAL) e specific and causet be more than five business days prior
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