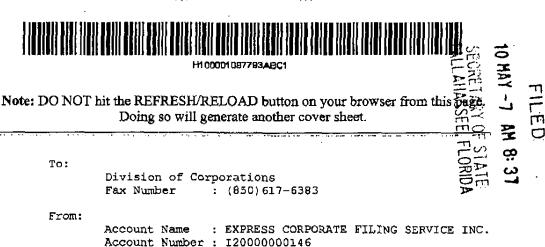
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000109779 3)))



**Enter the email address for this business entity to be used for future

annual	report	mailings.	Enter	only	one	email	address	please	**
Email 2	Address:								

: (305)444-4994

Fax Number : (305)444-4977

FLORIDA LIMITED LIABILITY CO. NCD AUTOMOTIVE SPECIALIST LLC

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

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Help



May 6, 2010

FLORIDA DEPARTMENT OF STATE Division of Corporations

EXPRESS

SUBJECT: NCD AUTOMOTIVE SPECIALIST LLC

REF: W10000021926

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.

Pauls last name is not legible.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Neysa Culligan Regulatory Specialist II FAX Aud. #: H10000109779 Letter Number: 210A00011309

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FILED:

10 MAY -7 AM 8: 37

SECRETARY OF STATE FALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY									
ARTICLE I - Name: The name of the Limited Liability Company	is:								
NCD AUTOMOTIVE SPECIALIS (Must end with the words "Limited Lie	ST LLC ability 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:								
NCD AUTOMOTIVE SPECIALIST LLC 1692 DOLORES DR SUITE A KISSIMMEE, FL 34746	NCD AUTOMOTIVE SPECIALIST LLC 2217 WANDERING OAK TER: KISSIMMEE FL 34746								
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Plorida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another								
The name and the Florida street address of the	ne registered agent are:								

CHARLES R DEPARI JR

2213 WANDERING OAK TERRACE
Florida Street address (P.O. Box NOT acceptable)

KISSIMMEE FL 34746 FL

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)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:	
MGR	CHARLES R DEPARI III 2217 WANDERING OAK TER	
	KISSIMMEE FL 34746	
(Use attachment if necessa ICLE V: Effective date, if other is effective date is listed, the date is listed, the date is listed.	er than the date of filing: (OPTIONAL) ate must be specific and cannot be more than five business days prior	
90 days after the date of filin	g.)	
REQUIRED SIGNATUR		
Signature	of a member or an authorized representative of a member.	
of this doc	ance with section 608.408(3), Florida Statutes, the execution under the penalties of perjury cts stated herein are true.)	日子
CHARL	ES R DEPARIUM TO THE CO	Į
Filing Face	Typed or printed 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)