

MAY-06-2012 SUN 11:48 PM

Division of Corporations

P. 001/004

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L10000049470

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.
NCD AUTOMOTIVE SPECIALIST LLC

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P. 002/004



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

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10 MAY -7 AM 8:37
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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NCD AUTOMOTIVE SPECIALIST 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:

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, 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:

CHARLES R DEPARI JR

Name

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CHARLES R DEPARI III


2217 WANDERING OAK TER

KISSIMMEE FL 34748

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CHARLES R DEPARI III
Typed or printed name of signee

Filing Fees:

\$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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