

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.

(((H100001161393)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305) 444-4994 Fax Number : (305)444-4977

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

Email Address:

FLORIDA LIMITED LIABILITY CO. MORR COMPETITION WHEELS, LLC

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

Electronic Filing Menu

Corporate Filing GenuMCLEO

MAY 14 2010

EXAMINER

5/13/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

oany is:	
LLC ted Liability Company, "L.L.C.," or "LLC.")	
f the principal office of the Limited Liability Comp	any is:
Mailing Address:	
18459 PINES BLVD. 212 PEMBROKE PINES, FL 33029	
istered Office, & Registered Agent's Signature: The Registered Agent. You must designate an individual or another of the registered agent are: Name D. 212 Treet address (P.O. Box NOT acceptable) FL 33029 City, State, and Zip	CRETARY 37 3 55
	LLC ed Liability Company, "LL.C.," or "LLC.") The principal office of the Limited Liability Comp Mailing Address: 18459 PINES BLVD. 212 PEMBROKE PINES, FL 33029 istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: Name D. 212 rect address (P.O. Box NOT acceptable) FL 33029

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

PINES BLVD. 212 KR PINES, FL 33028 S RODRIGUEZ INES BLVD. 212 OKE PINES, FL 33029 GARCIA PINES BLVD. 212 OKE PINES, FL 33029
PINES BLVD. 212 KG PINES, FL 33029 S RODRIGUEZ INES BLVD. 212 OKE PINES, FL 33029 GARCIA PINES BLVD. 212
PINES BLVD. 212 KG PINES, FL 33029 S RODRIGUEZ INES BLVD. 212 OKE PINES, FL 33029 GARCIA PINES BLVD. 212
S RODRIGUEZ INES BLVD. 212 OKE PINES, FL 33029 GARCIA PINES BLVD. 212
INES BLVD. 212 OKE PINES, FL 33029 GARCIA PINES BLVD. 212
INES BLVD. 212 OKE PINES, FL 33029 GARCIA PINES BLVD. 212
OKE PINES, FL. 33029 GARCIA PINES BLVD. 212
PINES BLVD. 212
PINES BLVD. 212
ng: (OPTIC nd cannot be more than five business
Z
orized representative of a member.
h

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)

Page 2 of 2

Typed or printed name of signee