

**L11000054116**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (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.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**isabraki autotechs llc**

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B. BOSTICK

MAY -9 2011

EXAMINER

H11000126253

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**ISABRAKI AUTOTECHS LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall be:**

**ISABRAKI AUTOTECHS LLC**

**ARTICLE II**

**The Company is organized for any legal and lawful purpose for which  
a limited liability company may be organized pursuant to the Act.**

**ARTICLE III**

**The mailing address and street address of the principal office of the  
Limited Liability Company:**

**1901 S.W. 100<sup>th</sup> TERRACE, BAY D  
MIRAMAR, FL 33025**

**ARTICLE IV**

**The name and the Florida street address of the registered agent:**

**ROBERT KUTNICK  
1499 S.W. 30<sup>th</sup> AVENUE, SUITE 13  
BOYNTON BEACH, FL 33426**

**ARTICLE V**

**The name of the Managing Member(s) shall be:**

**MANAGING MEMBER(s)**

**RON & BOB AUTOMOTIVE SALES, INC**

**DENNIS OSORNO**

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

ISABRAKI AUTOTECHS LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
REGISTERED AGENT

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\_\_\_\_\_  
Signature of 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.)

ROBERT KUTNICK

\_\_\_\_\_  
Typed or printed name of signee

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