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.

(((H11000131728 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

: (305)552-5973

Fax Number

: (305)220-1440

**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. MR. CAR LUXURY & QUALITY MOTORS LLC

Certificate of Status Certified Copy Page Count

Estimated Charge

03 \$130.00

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F. HAMPTON

MACIL 8 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

H11000131728

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MR. CAR LUXURY &	auality	MOTORS	LLC	
Officer and with the unded of invited Linkilling Community of L.C. 20 or H.L.C. 20				

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

ARTICLE II - Address:

Principal Office Address:

The

ARTICLE I - Name:

The name of the Limited Liability Company is:

21 ATLANTIC Shores

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

Mailing Address:

ness county with an	aunve Florius registration.)
name and the	Florida street address of the registered agent are:
	JORGE O. LUZURIAGA
	Name
	15757 SW 147 LANE
	Florida street address (P.O. Box NOT acceptable)
	MIAMI, E 33196
	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)

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SECRETARY OF STATE DIVISION OF CORPORATIONS

H11000131728

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

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	3
MGRH	JORGE O LUZURIAGA
	15757 5W 147 CANE MIAMI, FL 33196
	MIAMI, FL 33196
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat	e of filing: (OPTIONAL)
	ecific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
	/
REQUIRED SIGNATURE:	
RECURED SIGNATURE.	- I
	11111, 3
	1000 2
Signature of a member or	an authorized representative of a member.
(In groundance with section 609 409	(3), Florida Statutes, the execution of this document
constitutes an affirmation under the	penalties of periury that the facts stated herein are true.
I am aware that any false information	on submitted in a document to the Denartment of State
constitutes a third degree felony as	
	O. LUZURIAGA
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 5.00 Certificate of Status (Optional)

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