

(Req	uestor's Name)	
————(Add	iress)	
(Add	ress)	
(City.	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	



600211088696

09/06/11--01018--018 **130.00

FILED

11 SEP-6 MILE 57

SECRETARY OF STATE

G. MCLEOD

SEP - 7 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SHRH	JECT: All Auto Imports LLC	
SCD.	Name of Limited Liabi	ility Company
The en	enclosed Articles of Organization and fee(s) are submitte	ed for filing.
Please	se return all correspondence concerning this matter to the	e following:
	Osvaldo Torres / Yesenia D	Diaz of Person
	N/A	n i cisur
		ompany
	2861 S.W. 190 Avenue	
	Add	dress
ı	Miramar, FI, 33029	
	•	nd Zip Code
	Builtritefencinglic@yahoo.com E-mail address: (to be used for future	e annual report notification)
For fur	urther information concerning this matter, please call:	
Osva	valdo Torres at (78	86 262-5183
	Name of Person	Area Code & Daytime Telephone Number
Enclos	osed is a check for the following amount:	
5125.00	Certificate of Status Cer	55.00 Filing Fee & S160.00 Filing Fee, retified Copy ditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	18;	
All Auto Imports LLC.		
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
2861 S.W. 190 Avenue Miramar, FL. 33029	2861 S.W. 190 Avenue Miramar,FL. 33029	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)		al or another
The name and the Florida street address of the	ne registered agent are:	
Osvaldo Torres III		TAR ASS
Nai	me	<u>(111</u> -<
2861 S.W. 190	0 Avenue	AMII: 57 OF STATE E. FLORID
Florida street	address (P.O. Box NOT acceptable)	STAN E
Miramar, FL. 33029	FL	- DA
Cíty,	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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address:

/IGR	Yesenia Diaz	
	2861 S.W. 190 Avenue	
	Miramar FL. 33029	
	 	
Use attachment if necessary)		
LE V: Effective date, if other than the	he date of filing:	OPTIO).

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Yesenia Diaz

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)