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FLORIDA LIMITED LIABILITY CO.  
MAGU AUTOMOTORES, LLC

Certificate of Status 1  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:** The name of the Limited Liability Company is:

**MAGU AUTOMOTORES, LLC**

**ARTICLE II - Address:**

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

Principal Office Address:

6629 NW 181 Terrace  
Miami Lakes, FL, 33015.

Mailing Address:

6629 NW 181 Terrace  
Miami Lakes, FL, 33015

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**EDUARDO VIDAL ARDUH**

6629 NW 181 Terrace,  
Miami Lakes, FL 33015

*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..*

**EDUARDO VIDAL ARDUH**

Registered Agent's Signature

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

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

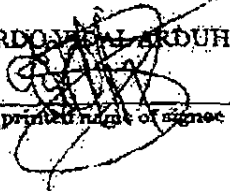
<u>Title:</u>	<u>Name and Address:</u>
MGRM	EDUARDO VIDAL ARDUH
MGRM	MARCELA ALEJANDRA TERRAF

Address: 6629 NW 181 Terrace, Miami Lakes, FL 33015

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 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.)

EDUARDO VIDAL ARDUH  
  
 \_\_\_\_\_  
 Typed or printed name of signer

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