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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

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Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
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FLORIDA LIMITED LIABILITY CO.
AUTOMOTIVE XTRAVAGANZA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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2012 JAN -4 AM 8:09
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TALLAHASSEE, FLORIDA

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JAN -5 2012

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AUTOMOTIVE XTRAVAGANZA, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:17133 Beeline Highway
Jupiter, FL 33478**Mailing Address:**17133 Beeline Highway
Jupiter, FL 33478**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 business entity with an active Florida registration.)

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

NRAI Services, Inc.

Name

515 E. Park AvenueFlorida street address (P.O. Box **NOT** acceptable)Tallahassee, FL 32301

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)

Joelle Churik, Asst. Secretary

(CONTINUED)

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ARTICLE IV - Management:

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company.

The name and address of the Manager is as follows:

MGR

MOROSO INVESTMENT PARTNERS, LLC

17133 Beeline Highway

Jupiter, FL 33478

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Steven R. Parson, Esq.
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.)

Steven R. Parson
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)