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### **COVER LETTER**

1	TO: Registration Section Division of Corporations			·
	SUBJECT: Paragon Mo	tor Group LL	2	
٠		Name of Limited Liability		
	The enclosed Articles of Organization	and fee(s) are submitted	or filing.	
	Please return all correspondence conce	erning this matter to the fo	llowing:	
	James Cristos			
		Name of P	rson	
	<u> </u>	Firm/Com	oany	
	14 Treetop Cir			
		Addres		
	Ormond Beach, Flori			
	jcristos@msn.com	City/State and	Lip Code	
		ess: (to be used for future an	nual report notification)	
	For further information concerning thi	s matter, please call:		
	James Cristos	at (_407	443-900	
	Name of Person	Α	rea Code & Daytime To	lephone Number
	Enclosed is a check for the followi	ng amount:		
V	\$125.00 Filing Fee \$130.00 Fi Certificat	e of Status Certif	00 Filing Fee & Ted Copy onal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	P.O. Box 6	Section R Corporations D 327 C 5, FL 32314 2	treet/Courier Address egistration Section vivision of Corporatio lifton Building 661 Executive Center	ns · Circle

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

ARTIC	LE I	- N	ame:
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The name of the Limited Liability Company is:

## Paragon Motor Group 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:	<u> Mailing Address:</u>		
14 Treetop Cir Ormond Beach, Fl 32174	14 Treetop Cir Ormond Beach, FL 32174		
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration The name and the Florida street addre-	•	s Signature idual or another	•
James Cristos	}		- 11
-	Name	SS SS	<b>پ</b> ر
14 Treetor	Cir Cir		
Florio	la street address (P.O. Box NOT acceptable)	of Str E,FLO	<b>়</b>
Ormond Beach	<sub>FL</sub> 32174		
	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)

Page 1 of 2

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	James Cristos 14 Treetop Cir Ormond Beach, FL 32174
ffective date is listed, the date must b	date of filing: 3-1-2012 . (OPTION. e specific and cannot be more than five business da
days after the date of filing.)	ES R
days after the date of filing.)  REQUIRED SIGNATURE:	SECRETARY OF TALLAMASSEE, F
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608 constitutes an affirmation under I am aware that any false information in the section for the sect	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608 constitutes an affirmation under I am aware that any false information constitutes a third degree felon James Cristos	er ar an authorized representative of a member.  8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608 constitutes an affirmation unde I am aware that any false information constitutes a third degree felon James Cristos	8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
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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: