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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|---|--|
| _{SUBJECT:} Valu A | uto Brokers LL0 | | |
| 562627 | | ted Liability Company | |
| The enclosed Articles of | Organization and fee(s) are | submitted for filing. | |
| Please return all correspo | ondence concerning this mat | tter to the following: | |
| Otis Knigh | nton | | |
| | | Name of Person | |
| Valu Auto | Brokers LLC | | |
| | | Firm/Company | |
| 3114 45th | Street Suite 9 | | |
| | | Address | |
| West Palm | Beach Fl 3 3404 | 33407 | |
| valuautobrok | Ci cers@yahoo.com | ty/State and Zip Code | |
| Valdadiobion | | for future annual report notification) | |
| For further information co | oncerning this matter, pleas | e cali: | |
| Bettye Knighton | | at (561) 601-8870 | |
| Name of | f Person | Area Code & Daytime Telep | phone Number |
| Enclosed is a check for | the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional 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 C Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:



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(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:

Mailing Address:

3114 45th Street Suite 9

West Palm Beach FI 33407

2200 Avenue F

Riviera Beach FI 3#8年 さる どひく

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:

Bettye W. Knighton

Name

2200 Avenue F

Florida street address (P.O. Box NOT acceptable)

Riviera Beach

₅₇ 33404

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

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

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

| Otis Knighton 2200 Avenue F Riviera Beach Fl 33404 |
|--|
| Bettye Knighton |
| 2200 Avenue F Riviera Beach FI 33404 |
| |
| |
| |
| |
| |
| the date of filing: May 25, 2012 (OPTION |
| |

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.)

Bettye KNighton

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)