1200087199

| (Re | questor's Name) | · |
|---------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only

G. MCLEOD

JUL - 3 2012

EXAMINER



900236765559

06/26/12--01015--010 **130.00

12 JUN 26 PM 3: 07
SLURETARY OF STATE
ALLAHASSEE, FLORID

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Co | ompany is: |
|--|---|
| Status 1 Auto Group, LI | _C. |
| (Must end with the words "l | Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address | ss of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |

| Frincipal Office Address: | <u> wraning Audress:</u> |
|---------------------------|--------------------------|
| 5920-A Rodman St | 2334 SW 130th Terr |
| Hollywood FL 33023 | Miramar. FL 33027 |
| | |

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:

Jeannette Perez

Name

2334 SW 130th Terr

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

Miramar

ARTICLE I - Name:

FL 33027 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..

(CONTINUED)

Page 1 of 2

COVER LETTER

TO:

Registration Section

| Division of C | Corporations | |
|--------------------------|---|--|
| SUBJECT. Statu | ıs 1 Auto Group L | LC |
| SUBJECT: | | ed Liability Company |
| The enclosed Articles | of Organization and fee(s) are | submitted for filing. |
| Please return all corres | spondence concerning this matt | er to the following: |
| laannat | to Dovo- | |
| Jeannet | te Perez | Name of Person |
| | | |
| | | Firm/Company |
| 2334 SV | V 130th Terr | |
| | | Address |
| Miramar F | L 33027 | |
| | | y/State and Zip Code |
| valerio121 | 6@yahoo.com E-mail address: (to be used to | or future annual report notification) |
| For further information | n concerning this matter, please | e call: |
| Jeannette Pere | Z | at (954) 295-7105 |
| Nam | e of Person | Area Code & Daytime Telephone Number |
| Enclosed is a check | for the following amount: | |
| S125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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 |

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

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

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing | Member |
| MGR | Michael Valerio |
| | 12929 SW 50 St |
| | Miramar FL 33027 |
| MGRM | Elvis Perez |
| | 10933 SW 5th Ct |
| | Pembroke Pines, FL 33025 |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | <u> </u> |
| | |
| | |
| (Use attachment if nec | ssary) |
| LE V: Effective date, | other than the date of filing: 06/28/2012 . (OPTION |
| The state of the s | e date must be specific and cannot be more than five business da |
| days after the date of | iling.) |
| | |
| | IIDE. |
| <u>REQUIRED</u> SIGNA | Λ () |
| <u>REQUIRED</u> SIGNA | |
| <u>REQUIRED</u> SIGNA | Constitution of the second |
| | Carnette Pare |
| | ure of a member or an authorized representative of a member. |
| Sign: (In accordanc constitutes ar I am aware th | ure of a member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. It any false information submitted in a document to the Department of State |
| Signs (In accordanc constitutes ar I am aware th constitutes a | ure of a member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution of this document affirmation under the penalties of perjury that the facts stated herein are true. |

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)