

L12000143771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

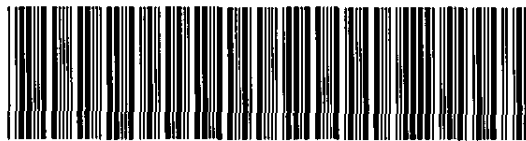
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2012 NOV 14 AM 3:51
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FILED
12 NOV 13 PM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 11/13/12

REF. #: 000409.175827

CORP. NAME: MOTOR TREND CERTIFIED PREOWNED CENTER OF BROWARD, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 101950 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
MOTOR TREND CERTIFIED PREOWNED CENTER OF BROWARD, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is:

MOTOR TREND CERTIFIED PREOWNED CENTER OF BROWARD, LLC

ARTICLE II: - Address

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

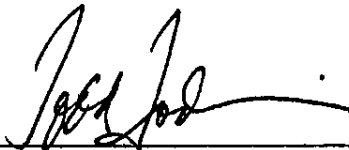
**4645 S.W. 148th Avenue
Davie, Florida 33331**

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

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

**Todd A. Fodiman
Legon, Ponce & Fodiman, P.A.
1111 Brickell Avenue
Suite 2150
Miami, FL 33131**

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.



Todd A. Fodiman, Registered Agent

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TALLAHASSEE, FLORIDA

ARTICLE IV: - Management


☒ The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

ARTICLE V: - Managers

The names and addresses of the Managers are as follows:

MGR Warren H. Zinn
 20800 N.W. 2nd Avenue
 Miami, FL 33169

MGR Erik Day
 20800 N.W. 2nd Avenue
 Miami, FL 33169


Robert A. Zinn, Authorized Signer

(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.)

Robert A. Zinn
Typed or printed name of signee