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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
TRUCK CITY CHROME & PARTS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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MAY 22 2013

T. HAMPTON

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

The name of the Limited Liability Company is:

TRUCK CITY CHROME & PARTS 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:8665 SOUTH ORANGE BLOSSOM TRIAL BAYS 9-10
ORLANDO FL 32837**Mailing Address:**14951 ROYAL OAKS LN. APT 2409
NORTH MIAMI FL 33181**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:

ALBERTO VILLAMIZAR

Name

14951 ROYAL OAKS LN. APT 2409Florida street address (P.O. Box **NOT** acceptable)**NORTH MIAMI FL 33181**

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)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MARTHA VILLAMIZAR

14951 ROYAL OAKS LN. APT 2409

NORTH MIAMI FL 33181

MGRM

MARTHA LUCIA VILLAMIZAR

14951 ROYAL OAKS LN. APT 2409

NORTH MIAMI FL 33181

(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:

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.)

ALBERTO VILLAMIZAR

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 38.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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