

**L13000087224**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORP  
Account Number : I201000000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.\*\***  
Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
AMERICAN TIRE GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

American Tire Group, LLC

ARTICLE II-ADDRESS:

The principal address of the principal office of the Limited Liability Company:

101 Madeira Avenue  
Coral Gables, FL 33134

ARTICLE III-ADDRESS:

The mailing address of the principal office of the Limited Liability Company:

101 Madeira Avenue  
Coral Gables, FL 33134

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

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

Hector L. Lans

Name

101 Madeira Avenue

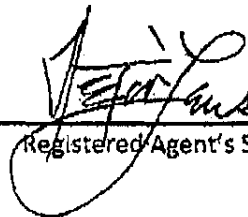
Florida Street address (P.O. Box not acceptable)

Coral Gables, FL 33134

City, State, and Zip

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Having been named as a 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.

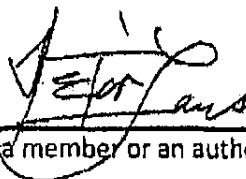
  
\_\_\_\_\_  
Registered Agent's Signature

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ARTICLE V-Management (Check box if applicable)

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

(An additional article must be added if an effective due date is requested)

  
\_\_\_\_\_  
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.)

Hector L. Lans

\_\_\_\_\_  
Typed or printed name of signee

**MEMBER(S)**

Hector L. Lans, Manager Member  
101 Madeira Ave  
Coral Gables, FL 33134

  
\_\_\_\_\_  
Signature

Hector C. Lans, Manager Member  
101 Madeira Ave  
Coral Gables, FL 33134

  
\_\_\_\_\_  
Signature

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