

# L13000135681

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
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FLORIDA LIMITED LIABILITY CO.  
SILVA SPORT MOTORS LLC

Certificate of Status	0
Certified Copy	1
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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: SILVA SPORT MOTORS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELUIZ SILVA

Name of Person

SILVA SPORT MOTORS LLC

Firm/Company

4441 NE 11TH AVENUE

Address

OAKLAND PARK, FL 33334

City/State and Zip Code

chipmaster.corp@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELUIZ SILVA

Name of Person

at 954 304-5899

Area Code & Daytime Telephone Number

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SILVA SPORT MOTORS LLC

(Must end with the words "Limited Liability Company, "LLC," 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:**

ELUIZ SILVA

MICHELE SILVA

4441 NE 11TH AVE, OAKLAND PK, FL 33334

4441 NE 11TH AVE, OAKLAND PK, FL 33334

**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:

ELUIZ SILVA

Name

4441 NE 11TH AVENUE

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

OAKLAND PK, FL 33334

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)

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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

ELUIZ SILVA

4431 NE 11TH AVE

OAKLAND PARK, FL 33334

MGR

MICHELE SILVA

4431 NE 11TH AVE

OAKLAND PARK, FL 33334

(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. 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.)

ELUIZ SILVA

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

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