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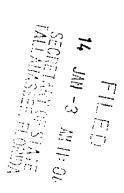
| (Requestor's Name) | |
|---|-------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | - |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | • | ' se | |
|--------|---|-------------------|--|-----|
| CUDE | Second Hand Choppers | | | |
| SUBJ | | Limited Liabil | ty Company | |
| The er | nclosed Articles of Organization and fee(| s) are submitted | for filing. | |
| Piease | return all correspondence concerning thi | s matter to the | following: | |
| | Michael D. Nuriel | | | |
| | | Name of | Person | |
| | | Firm/Co | mpany | |
| | 14802 Huntley Drive | | | |
| | | Addr | ess | |
| | Orlando, FL 32828 | | | |
| | secondhandchoppers@ya | City/State and | 1 Zip Code | |
| | E-mail addres | s: (to be used fo | or future annual report notification) | |
| For fu | ther information concerning this matter, | please call: | | |
| Mich | ael D. Nuriel | 321 | 278-2090 | |
| ··· | Name of Person | Area Code | Daytime Telephone Number | |
| Enclos | ed is a check for the following amount: | | | |
| 7 | \$130.00 Filing Fee & Certificate of Status | Certifi | 0 Filing Fee & \$160.00 Filing Fee, led Copy Certificate of Status & Certified Copy (additional copy is enclose) | :d) |
| | 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 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Second Hand | I Choppers LLC | |
|---|---|--|
| | (Must end with the words "L | imited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Ad The mailing addre | | cipal office of the Limited Liability Company is: |
| Principal Office | Address: | Mailing Address: |
| | Delica | 14802 Huntley Drive |
| (The Limited Liab | 2828 Registered Agent, Registered O | Orlando, FL 32828 Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individu |
| Orlando, FL3: ARTICLE III - R (The Limited Liab another business of | 2828 Registered Agent, Registered O ility Company cannot serve as it | Orlando, FL 32828 Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individustration.) |
| Orlando, FL3: ARTICLE III - R (The Limited Liab another business of | Registered Agent, Registered O ility Company cannot serve as it entity with an active Florida registerida street address of the registerida Michael D. Nuriel | Orlando, FL 32828 Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individustration.) |
| Orlando, FL3: ARTICLE III - R (The Limited Liab another business of | Registered Agent, Registered O ility Company cannot serve as it entity with an active Florida registered and a street address of the registerial Michael D. Nuriel 14802 Huntley Drive | Orlando, FL 32828 Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individustration.) istered agent are: |
| Orlando, FL3: ARTICLE III - R (The Limited Liab another business of | Registered Agent, Registered O if ity Company cannot serve as it entity with an active Florida registerida street address of the registerida Michael D. Nuriel | Orlando, FL 32828 Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individustration.) istered agent are: |
| Orlando, FL3: ARTICLE III - R (The Limited Liab another business of | Registered Agent, Registered O ility Company cannot serve as it entity with an active Florida registered and a street address of the registerial Michael D. Nuriel 14802 Huntley Drive | Orlando, FL 32828 Office, & Registered Agent's Signature: s own Registered Agent. You must designate an individustration.) istered agent are: |

Registered Agent's Signature (RECURED)

(CONTINUED)

Page 1 of 2

| <u> [itle:</u> | Name and Address: |
|--|--|
| AMBR" = Authorized Member | |
| MGR" = Manager MGR | Michael D. Nuriel |
| | 14802 Hunley Drive |
| | Orlando, FL 32828 |
| AMBR | Pagual Maraana Murial |
| AIVIDI | Raquel Marcano-Nuriel |
| | 14802 Huntley Drive Orlando, FL 32828 |
| | Onanuo, FL 32020 |
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| V: Effective date, if other than the date tive date is listed, the date must be s | e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d |
| V: Effective date, if other than the date tive date is listed, the date must be s filing.) | e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d |
| Use attachment if necessary) V: Effective date, if other than the date tive date is listed, the date must be so filing.) VI: Other provisions, if any. | te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d |
| V: Effective date, if other than the dat tive date is listed, the date must be s filing.) VI: Other provisions, if any. | pecific and cannot be more than five business days prior to or 90 d |
| V: Effective date, if other than the date tive date is listed, the date must be s filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: | pecific and cannot be more than five business days prior to or 90 d |
| V: Effective date, if other than the date tive date is listed, the date must be s filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a manual content of the state o | pecific and cannot be more than five business days prior to or 90 d |
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| V: Effective date, if other than the date tive date is listed, the date must be s filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false | rember or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State |
| V: Effective date, if other than the date tive date is listed, the date must be s filing.) VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false | rember or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. |
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Page 2 of 2