FEB/19/2014/WED 12:3

2/19/2014



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000040582 3)))



H140000405823ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE

Account Number : I2000000146

Phone

: (305)444-4994

Fax Number

: (305)444-4977

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	
ENING 1 T	MOGIESS:	

FLORIDA LIMITED LIABILITY CO. TOTAL PARTS UNLIMITED, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

TOTAL PARTS UNLIMITED, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II

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

Principal Office Address: 848 BRICKELL AVE SUITE 305 MIAMI, FL 33131 Mailing Address 848 BRICKELL AVE SUITE 305 MIAMI, FL 33131 SECULARY OF STATE

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:

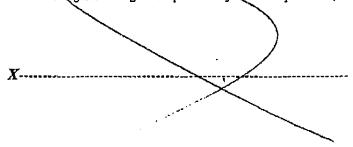
R&P ACCOUNTING & TAXES INC

200 SE 1ST STREET SUITE 604

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

MIAMI, FL. 33131 FL 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 dulies, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

ARTICLE IV

MGR=Manager(s) or AMBR= AUTHORIZED Member(s): The name and address of each Person authorized to manage and control the Limited Liability Company:

Title:

TOTAL PARTS UNLIMITED, LLC

MAXIMO ITALIANO 848 BRICKELL AVE SUITE 305 MIAMI, FL 33131

AUTHORIZED MEMBER

GUSTAVO REQUIZ 848 BRICKELL AVE SUITE 305 MIAMI, FL 33131

MANAGER MEMBER

RAFAEL FRANCO 848 BRICKELL AVE SUITE 305 MIAMI, FL 33131 MANAGER MEMBER

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.

605.0203(1)(b)

(In accordance with section Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GUSTAVO REQUIZ

Typed or printed name of signes