

**L14000045208**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305) 769-4936  
Fax Number : (305) 769-1844

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
SOUTH HAVANA MOTORS, LLC.**

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MENDEZ INSURANCE

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March 18, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MENDEZ ACCOUNTAX SERVICES

SUBJECT: SOUTH HAVANA MOTORS, LLC  
REF: W14000017097

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

There is no name for the third AMBR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neyssa Culligan  
Regulatory Specialist II

FAX Aud. #: H14000064077  
Letter Number: 414A00005757

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

**SOUTH HAVANA MOTORS, LLC.**

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 17629 NW 62 CT, HIALEAH FL 33015

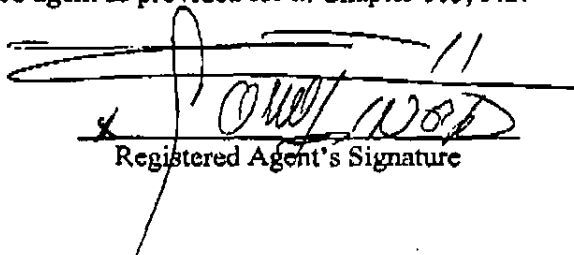
**ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**CAROL PORTO  
17629 NW 62 CT  
HIALEAH, FL 33015**

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Having been named as registered agent and to accept service of process for the above stated limited liability company at 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 605, F.S.

  
Registered Agent's Signature

**ARTICLE IV:**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**Name and Address:**

**AMBR**

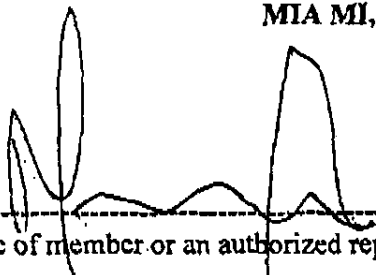
**CAROL PORTO  
17629 NW 62 CT  
HIALEAH, FL 33015**

**AMBR**

**MARIO PELAEZ  
6345 COLLINS AVE APT 414  
MIAMI BEACH, FL 33141**

**AMBR**

**ROLANDO J CABANZON  
5077 NW 7 ST APT 810  
MIA MI, FL 33126**

  
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Signature of member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), 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.)

**MARIO PELAEZ**  
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Typed or printed name of signee.

SECRETARY OF STATE  
TREASURER, FLORIDA

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