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.

(((H14000077970 3)))



41400007797**03**ABC2

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

: LAZARUS CORPORATE FILING SERVICE CINC

Account Number : 12000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

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

P	Address:	
MALL	Adoress:	

FLORIDA LIMITED LIABILITY CO. MEDINA AUTO REPAIR LLC.

Certificate of Status	1
Certified Copy	0
Page Count 1	03
Estimated Charge	\$130.00

SECRETARY TALLAHASSE	14 APR - J	Contraction of the contraction o
0; S	PH	
STATE LORID,	4:29	S. C.

RECEIVED
4 APR -1 AM 6: 42
SECHETARY CANSTATE
AND A HASSEF OF ORDAY

Electronic Filing Menu

Corporate Filing Menu

Help

Beach APR 1 ZU14.

V

H14000077970

ARTICLES OF ORGANIZATION OF MEDINA AUTO REPAIR LLC

ARTICLE I NAME
The name of the Limited Liability Company shall be:
MEDINA AUTO REPAIR LLC.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
3296 NW 36th Street, Miami FL 33142

ARTICLE III PURPOSE

This company shall have perpetual existence and may engage in any and lawful business under the laws of the United States in the State of Florida.

ARTICLE IV REGISTERED AGENT

The name and Florida Street address of the initial registered agent is:

JOSE GILBERTO VELASQUEZ, 3296 NW 36th Street, Miami FL 33142

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 register agent as provided for in Chapter 605, F.S.

Registered Agent's Signature

ARTICLE VI MEMBERS

JOSE GILBERTO VELASQUEZ – MANAGING MEMBER

1 | Page

H14000077970

H14000077970

ARTICLE VII ORGANIZER

The name and address of the person signing these articles is:

JOSE GILBERTO VELASQUEZ - MANAGING MEMBER
8181 NW 36th Street, Suite 20C Doral FL 33166

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization, in compliance with Chapter 605 of the Florida Status, this 1st day of April of the year 2014.

JOSE GILBERTO VELASQUEZ Manager Member 14 APR -1 PM 4: 29
SECRETARY OF STATE

CERTIFICATION

STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, A Notary Public authorized to take acknowledgements in the state and county set forth above, personally appeared JOSE GILBERTO VELASQUEZ to me and known by me to be the person who executed the foregoing Articles of Organization,

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal, in this state and county aforesaid on this 1st Day of April of the year 2014.

NOTARY PUBLIC

My Commission expires: MAY 17, 2016

SS

