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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: KAR Fiorida, LLC Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) as Please return all correspondence concerning this m	_	
Joseph Hernandez, Esq.	Name of Person	
Weiss Serota Helfman Pastoriza C	ole & Boniske, P.L. Firm/Company	
2525 Ponce de Leon Boulevard, S	uite 700 Address	
Coral Gables, Florida 33134	City/State and Zip Code	<del></del>
	d for future annual report notifica	tion)
For further information concerning this matter, please.  Joseph Hernandez, Esq. at (	ase call: 305 ) 854-0800	
Name of Person		ephone Number
Enclosed is a check for the following amount:   \$\sum \\$125.00 \text{ Filing Fee}  \sum \\$130.00 \text{ Filing Fee & Certificate of Status}	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adds Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
KAR Florida, LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
c/o KAR Properties, LLC	c/o KAR Properties, LLC
232 Madison Avenue, Suite 200	232 Madison Avenue, Suite 200
New York, NY 10016	New York, NY 10016
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or 1.)
<u>Weiss Serota Helfman Pastor</u> Name	iza Cole & Boniske, P.L.
2525 Ponce de Leon Bouleva Florida street address (P.O. Box	
Coral Gables.	FL 33134
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	1988 1988
	9,6

GR" = Manager GR	
<u>5R</u>	
	Shahab Karmely, c/o KAR Properties, LLC
	232 Madison Avenue, Suite 200
	New York, NY 10016
e attachment if necessary)	
ing.)	and cannot be more than five business days prior to or 90 day
ling.) I: Other provisions, if any.	
I: Other provisions, if any.	
OUIRED SIGNATURE:	
OUIRED SIGNATURE: Signature of a member	r or an authorized representative of a member.
OUIRED SIGNATURE:  Signature of a member  (In accordance with section 605.020	r or an authorized representative of a member.  33 (1) (b), Florida Statutes, the execution of this document
OUIRED SIGNATURE:  Signature of a member  (In accordance with section 605.020 constitutes an affirmation under the	r or an authorized representative of a member.  33 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
OUIRED SIGNATURE:  Signature of a member  (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information	r or an authorized representative of a member.  O3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of States
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ARTICLE IV-