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(R	equestor's Name)	
(A	ddress)	
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(C	city/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nan	ne)
(C	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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08/18/14--01019--022 **125.00

SEURLIARY OF STATE.

N. Outhgan AUG 19 2014:

COVER LETTER

Division of Corporations
SUBJECT: Express Auto Parts of Tampa LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel Pena Name of Person
Express Auto Parts & Tampa LLC
17721 Ridgeway point Place
Tempa FL 33647 City/State and Zip Code
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Pena at 813 (035 - Co400 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S150.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section

TO:

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

ARTICLE I - Name: The name of the Limited Liability Company is:	
Express Arto parts of Tampa LVC (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 office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
17721 Ridgeman point place same as principal	
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: Name Name Florida street address (P.O. Box NOT acceptable) EXAMATICAL FL 33470 City Zip	FILED
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 registered agent as provided for in Chapter 605, F.S Registered Agent's Signature (REQUIRED) (CONTINUED)	no

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager	
	Daviel Dena
	17721 Ridgeriary Point Dias
	Tampa #1 331247
AMBR	Erin Ames
	1021 26th gtreet Myth
	Sount Detersony FL 33713
	, d
(Use attachment if necessary)	
of filling.)	and cannot be more than five business days prior to or 90 days after
•	and cannot be more than twe outdiess days prior to or 50 days after
of filling.)	and cambor be more than live outsiness days prior to or 50 days after
E VI: Other provisions, if any. REOUIRED SIGNATURE:	- Oco
E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document
E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information	or an authorized representative of a member. 3 (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 State
REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as p	or an authorized representative of a member. 3 (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 State provided for in s.817.155, F.S.)
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