

L15000059810

Florida Department of State
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.

((H15000084848 3)))



H150000848483ABC5

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 : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -6 PM 4:58

FILED

15 APR -6 AM 10:00

Division of Corporations
Business Information Services

**FLORIDA LIMITED LIABILITY CO.
AUTO PARTS DISTRIBUTOR, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

92053

Electronic Filing Menu

Corporate Filing Menu

Help

7. 2005 APR 15

41500008484

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTO PARTS DISTRIBUTOR, 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:

PRANINDER S. KOHLI.
Name of Person

Firm/Company

14230 NE 18th AVENUE
Address

North Miami FL - 33181
City/State and Zip Code

MERCEDESERVICES @ AOL Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CALVIN at (305) 947-6700.
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 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 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:

AUTO PARTS DISTRIBUTOR, 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 office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

14230 NE 18th AVENUE
N. MIAMI FL - 33181.

14230 NE 18th AVENUE
NORTH MIAMI
FL - 33181.

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:

CALVIN KOHLT

Name

14230 NE 18th AVENUE

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

NORTH MIAMI

City

FL 33181

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

Calvin Kohl
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
15 APR -6 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR / PRESIDENT.

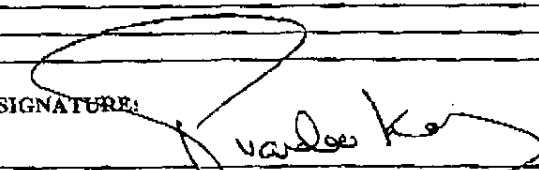
PRAMINDER S. KOHLI
14230 NW 18th Avenue
NORTH MIAMI FL-33181

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4-6-15 (OPTIONAL) 15 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a 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.)

PRAMINDER S. KOHLI

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

15 APR -6 PM 6:08

FILED

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

XXXXXXXXXXXX

04/06/2015 15:33 3056339696