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COVER LETTER

	Registration S Division of Co				
SUBJEC	Automoti	v, LLC			
SUBJEC		Name of Lir	nited Liabili	ty Company	
The enclo	sed Articles o	f Organization and fee(s) ar	e submitted	for filing.	
Please ret	urn all corresp	oondence concerning this ma	atter to the f	ollowing:	
	Michael H	avsa			
			Name of	Person	
	Automotiv	LLC			
			Firm/Co	npany	
	1485 Inter	national Pkwy., Suite 100	11		
			Addre	ess	
	Heathrow,	FL 32746			
		C	ity/State and	l Zip Code	, · · · · · · · · · · · · · · · · · · ·
	MHLAV	E-mail address: (to be used		unual nament natificati	inn
		·	•	nnuar report notificat	ion)
For further	information c	oncerning this matter, please	e call:		
	Michael Hi	avsa 40 at (07	549-3350 x17	
	Nai		rea Code	Daytime Telephon	e Number
Enclosed	is a check for	the following amount:			
\$125.001	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy (cl copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Maili</u>	ng Address		Street Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Automotiv, LLC (Must end	with the words "Limited	d Liability Company	" [C "or" [C ")
(Must chu	will the words Elline	d Diability Company	, E.E.C., or EEC.)
ARTICLE II - Address: The mailing address and street a	ddress of the principal of	office of the Limited	Liability Company is:
<u>Princip</u>	al Office Address:		Mailing Address:
1485 International Pkwy	., Suite 1001	Same	3
Heathrow, FL 32746			
			
ARTICLE III - Registered Age (The Limited Liability Company			it's Signature:
another business entity with an a			You must designate an individual or
another business entity with an a	active Florida registratio	on.)	You must designate an individual or
-	active Florida registratio	on.)	You must designate an individual or
-	active Florida registration address of the registered	on.)	You must designate an individual or
-	active Florida registration address of the registered	on.) d agent are: Name	You must designate an individual or
-	active Florida registration address of the registered Michael Hlavsa	on.) d agent are: Name ., Suite 1001	
-	active Florida registration address of the registered Michael Hlavsa	on.) d agent are: Name ., Suite 1001	
-	active Florida registration address of the registered Michael Hlavsa 1485 Interantional Pkwy Florida street addres	on.) d agent are: Name ., Suite 1001 ss (P.O. Box NOT ac	cceptable)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Me	Name and Address: mber
"MGR" = Manager	
MGR	Michael Lewis
	1485 International Pkwy., Suite 1001
	Heathrow, FL 32746
MGR	Michael Hlavsa
	1485 International Pkwy., Suite 1001
	Heathrow, FL 32746
(Use attachment if necessar	
ICLE V: Effective date, if other a effective date is listed, the dat ate of filing.) : If the date inserted in this blo	than the date of filing: May 1, 2015 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days a ck does not meet the applicable statutory filing requirements, this date will not be liste
TICLE V: Effective date, if other in effective date is listed, the dat late of filing.) E: If the date inserted in this blo document's effective date on the	than the date of filing: May 1, 2015 . (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days a ck does not meet the applicable statutory filing requirements, this date will not be listed. Department of State's records.
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CICLE V: Effective date, if other in effective date is listed, the date late of filing.) E: If the date inserted in this blo document's effective date on the EICLE VI: Other provisions, if an ICLE VI: Other provisions, if an ICLE VI: Other provisions of	than the date of filing: May 1, 2015 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days a ck does not meet the applicable statutory filing requirements, this date will not be listed Department of State's records. y. E: Litture of a member or an authorized representative of a member. Ince with section 605.0203 (1) (b), Florida Statutes, the execution of this document
ICLE V: Effective date, if other a effective date is listed, the date ate of filing.) If the date inserted in this blo ocument's effective date on the ICLE VI: Other provisions, if an REOUIRED SIGNATURE Signa (In accorda constitutes I am aware	than the date of filing: May 1, 2015 (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90 days a ck does not meet the applicable statutory filing requirements, this date will not be list. Department of State's records. y. E: Liture of a member or an authorized representative of a member. Ince with section 605.0203 (1) (b), Florida Statutes, the execution of this document an affirmation under the penalties of perjury that the facts stated herein are true, that any false information submitted in a document to the Department of State

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)