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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.
Account Number : 076326003550
Phone : (561) 627-8100
Fax Number : (561) 622-7603

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

Email Address: otasini@haileshaw.com

**FLORIDA LIMITED LIABILITY CO.
QVALE LUXURY AUTO GROUP LLC**

Certificate of Status	0
Certified Copy	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Sep. 2. 2015 12:00PM

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No. 4602 P. 2

**ARTICLES OF ORGANIZATION
OF
QVALE LUXURY AUTO GROUP LLC**

The undersigned authorized representative of a member, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

ARTICLE I — NAME

The name of the limited liability company is QVALE LUXURY AUTO GROUP LLC (the "Company"),

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

Principal Office Address:

501 South Flagler Drive
Suite 302
West Palm Beach, FL 33401

Mailing Address:

501 South Flagler Drive
Suite 302
West Palm Beach, FL 33401

ARTICLE III - REGISTERED AGENT

The name and Florida street address of the registered agent are:

Haile, Shaw & Pfaffenberger, P.A.
660 U.S. Highway One - Third Floor
North Palm Beach, FL 33408

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.

HAILE SHAW & PFAFFENBERGER, P.A.

By: *Oren S. Tasini*
Oren S. Tasini, Esq.

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ARTICLE IV — MANAGEMENT

The name and address of the person authorized to manage the Company:

<u>Title</u>	<u>Name and Address</u>
AMBR	Bruce H. Qvale 501 S. Florida Drive, Suite 302 West Palm Beach, FL 33401

Dated: September 2, 2015

REQUIRED SIGNATURE


Oren S. Tasini, Authorized Representative

(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.)

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