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CLARA GIRALDO
Division of Corporations

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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

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15 OCT -9 PM 2:01

FLORIDA LIMITED LIABILITY CO.
OMIBU AUTO SALES,LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 12 PM 9:01

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

OMIBU AUTO SALES,LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

OMIBU AUTO SALES,LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**10715 SW 190TH ST UNIT 13
MIAMI,FL 33157**

The mailing address shall be:

**10715 SW 190TH ST UNIT 13
MIAMI,FL 33157**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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


JAKELYNE HERRERA

10715 SW 190TH ST UNIT 13
Florida street address (P.O.BOX NOT acceptable)
MIAMI, FL 33157
City, State, and Zip

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TALLAHASSEE, FLORIDA

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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..

X 
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

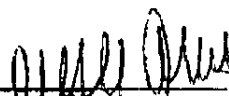
JAKELYNE HERRERA

MANAGER

10715 SW 190TH ST UNIT 13

MIAMI, FL 33157

(An additional article must be added if an effective date is requested)

X 
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.)

JAKELYNE HERRERA

Typed or printed name of signee

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300