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

From:
Account Name : SALOMON B. ESQUENAZI, P.A.
Account Number : I20130000020
Phone : (954)989-4995
Fax Number : (954)989-4991

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FLORIDA LIMITED LIABILITY CO.
PMA Automotive Services LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is:

PMA Automotive Services LLC

ARTICLE II. – Addresses

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

710 Dixie Highway, Suite 200,
Coral Gables, Florida, 33146

ARTICLE III. – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Corporate Solutions of South Florida, Inc.
4651 Sheridan Street, Suite 355,
Hollywood, Florida 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, F.S.

Corporate Solutions of South Florida, Inc

Salomon B. Esquenazi, President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Audit No: **H15000271517 3**
This instrument was prepared by:
Salomon B. Esquenazi, P.A.
Salomon B. Esquenazi, Esq.
4651 Sheridan Street, Suite 355
Hollywood, Florida 33021
(954) 989-4995

Audit No. H15000271517 3

ARTICLE IV. – Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the managers who are to serve as initial manager are:

Simon Biddle
710 Dixie Highway, Suite 200,
Coral Gables, Florida, 33146

Andrew Howarth
710 Dixie Highway, Suite 200,
Coral Gables, Florida, 33146

Print name: Salomon B. Esquenazi
Signature of a member or 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.)

4828-7677-6490, v. 1

Audit No: H15000271517 3
This instrument was prepared by:
Salomon B. Esquenazi, P.A.
Salomon B. Esquenazi, Esq.
4651 Sheridan Street, Suite 355
Hollywood, Florida 33021
(954) 989-4995