

03/07/2015 15:44

# L16000045823

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

01/03

**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.**

(((H16000058224 3)))



H160000582243ABC

**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)617-6381

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*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

16 MAR -7 PM 12:37

APPROVED  
AND  
FILED

**FLORIDA LIMITED LIABILITY CO.  
XPRT AUTOWORKS LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

16 MAR -7 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/11

H16000058224

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

XPERT AUTOWORKS LLC

**ARTICLE II - Address:**

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

6905 NW 51<sup>ST</sup> STREET

MIAMI, FL 33166

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

REYNALDO MAVARES Fuenmayor

6905 NW 51<sup>ST</sup> STREET

MIAMI FL 33166

SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

16 MAR - 7 PM 12:37

APPROVAL  
AND  
FILED

**ARTICLE IV-**

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

REYNALDO MAVARES Fuenmayor (AMBR)

SOLANGE BEATRIZ CANCIAN (AMBR)

H16000058224

APPROVED  
AND  
FILED

H16000058224

16 MAR -7 PM 12:37

**Required Signatures:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Signature of a member or an authorized representative of a member.**

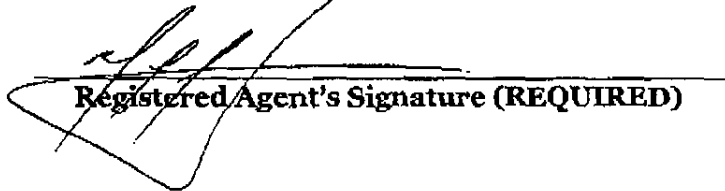
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.

Reynaldo MAVARES FUENMAYOR

**Typed or printed name of signee**

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..



**Registered Agent's Signature (REQUIRED)**

H16000058224