

L16000062528

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H16000079357 3)))



H160000793573A BCS

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 : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

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

Email Address: agentebizfilings.com

FLORIDA LIMITED LIABILITY CO.
Caribbean Car Computer US LLC

Table with 2 columns: Item and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (03), and Estimated Charge (\$155.00).

RECEIVED

16 MAR 30 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR 30 PM 1:20

FILED

Handwritten initials

FILED

16 MAR 30 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FAX AUDIT # H160000793573

**ARTICLES OF ORGANIZATION  
OF  
Caribbean Car Computer US LLC**

**ARTICLE I NAME**

The name of the limited liability company is: Caribbean Car Computer US LLC

**ARTICLE II ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
4560 N. Palmetto Ave D, Winterpark, Florida 32792.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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.



Signature: \_\_\_\_\_  
Mark Williams, A.V.P. Business Filings Incorporated

Date: March 29, 2016

**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the names and addresses of the members of the Limited Liability Company are:  
Osvaldo D. Fuentes, 1048 Dees Drive, Oviedo, Florida 32765  
Osvaldo Fuentes De Jesus, 4560 N Palmetto Ave D, Winterpark, Florida 32792

FAX AUDIT # H160000793573

FILED

16 MAR 30 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FAX AUDIT # H160000793573

**ARTICLE V      DURATION**

The duration for the limited liability company shall be: Perpetual.

  
Osvaldo D. Fuentes, Organizer

Date: 3/30/2016

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.)

FAX AUDIT # H160000793573