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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edgardo J. Torres

Name of Person

Seffner Tire and Wheel LLC Firm/Company

501 W. Dr. Martin Luther King Jr. Blvd.
Address

Seffner, FL 55584

City/State and Zip Code

Bradbre@netzero.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edgardo J. Torres

at (<u>813</u>

) 380-0590

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy

(additional copy is enclosed)

\$160.00 Filing Fee, Certificate of Status &

Certified Copy

(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallaharara Pl 22201

Tallahassee, FL 32301

ARTICLESOF ORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Seffner Tire and Wheel LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:



Principal Office Address:	Mailing Address:
501 W. Martin Luther King Jr. Blvd.	1116 Lake Shore Rch Dr Seffner, FL 33584
Seffner, FL 33584	ARTICLE
HI -	Registered
Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Amaury E	fuinones 2
11828 MANE Florida street address (P.O.	Box NOT acceptable)
SolGnon Fl	33584
Seffner, FL City S	State Zip
	registered agent as provided for in Chapter 605, F.S Agent's Signature (REQUIRED)
(COI	NTINUED)
ARTICLE IV-	Page 1 of 2 to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
	(Use
	attachment
	if necessary)

ARTICLEV: Effective date, if other than the date of filing: <u>April 1, 2016</u>. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any take information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Edgardo J. Torres

Typed or printed name of signed

Filing Fees:

√\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)