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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
True Capital Auto Sales LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Audit # H16000122064

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

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

True Capital Auto Sales LLC

The mailing address and street address of the Limited Liability Company are:

**106 West Seneca Ave., #Unit 32
Tampa, FL 33612**

ARTICLE II

Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III

Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3812 W Linebaugh Ave., Suite 102, Tampa, FL 33618., 813-875-1333.

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ARTICLE V
Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

**106 West Seneca Ave., #Unit 32
Tampa, FL 33612**

and the name of its registered agent at such address is:

Sara Leon

ARTICLE VI
Management

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

Name and Address

**Sara Leon, Authorized Member
106 West Seneca Ave., #Unit 32
Tampa, FL 33612**

Dated: Tuesday, May 17, 2016

DocuSigned by:

Sara Leon
28C509144EBD489

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ACCEPTANCE BY REGISTERED AGENT

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.

Date: May 17, 2016

DocuSigned by:

29C389144EBD483
Sara Leon

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