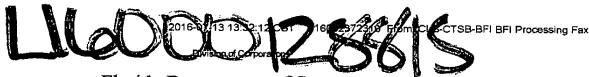
To: Page 1 of 3

7/12/2016



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.

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Division of Corporations

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From:

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Account Number : Phone :

: (608)827-5300

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FLORIDA LIMITED LIABILITY CO.

Specialty Automotive LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

Date: July 5, 2016

FAX AUDIT# HIGODONG TRIOS

ARTICLES OF ORGANIZATION OF Specialty Automotive LLC

ARTICLE I

NAME

The name of the limited liability company is: Specialty Automotive LLC

ARTICLE II

ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 3185 New York Ave 104, Melbourne, Florida 32934.

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

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:

Matthew Chouinard, 360 Park Avenue, Satellite Beach, Florida 32937

FAX AUDIT # 411,000/1678103

FAX AUDIT # 4160001678163

ARTICLE V

DURATION

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

Matthew Chouinard, Organizer

Date: ____

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 # 4160001678/03