L/6000181591

(Requestor's Name)					
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PICK-UP WAIT MAIL					
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(Document Number)					
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SECRETARY OF STATE OIVISION OF CORPORATIONS

a 09/29/16

COVER LETTER

SHID IEC	Luis-Brian Tires Service T:					
SUBJEC	N	ame of Limited Liability Company				
The enclo	sed Articles of Organization an	d fee(s) are submitted for filing.				
Please ret	urn all correspondence concern	ing this matter to the following:				
	Luis Alberto Silie					
	······································	Name of Person				
	Luis-Brian Tires Services					
	Firm/Company .					
	1256 NW 79th Street Bldg 8	# 107				
		Address				
	Miami, FL 33147					
	darisilie@gmail.com	City/State and Zip Code				
		to be used for future annual report notification)				
For further	information concerning this ma	tter, please call:				
	Luis A. Silie	786 447-4522				
	Name of Person	at () Area Code Daytime Telephone Number				
Enclosed	is a check for the following am	ount:				
	Filing Fee \$130.00 Filing Certificate of	g Fee & S155.00 Filing Fee & \$160.00 Filing Fee.				
	Mailing Address New Filing Section Division of Corporatio P.O. Box 6327 Tallobasson, FL 32314	Clifton Building				

Tallahassee, FL 32301

- ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Luis-Brian Tires ServiceLLC					
(Must end with the words "Limited Liab	oility 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:					
Principal Office Address:	Mailing Address:				
Principal Office Address: 1256 NW 79th Street	Mailing Address: 1256 NW 79th Street				

The name and the Florida street address of the registered agent are:

Luis A. Silie Name 1256 NW 79th Street Bdlg 8, # 107 Florida street address (P.O. Box NOT acceptable) Miami Florida City State Zip

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)

(CONTINUED)

Page 1 of 2

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
President	Luis A. Silic 1256 NW 79th Street, Bldg, 8 #107 Miami, FL 33147			
	Whatiii, FL 33147			
	·			

(Use attachment if necessary)				
the date of filing.)	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed as			
ARTICLE VI: Other provisions, if any.				
	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes.			
I am aware that any false informati constitutes a third degree felony as	ion submitted in a document to the Department of State			
Luis A. Silic				

Typed or printed name of signee

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)

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