ida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS CHOICE, INC.

Account Number : 120010000004 Phone : (954)782-1829

: (954)697-0245 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO. SUPERIOR STREET AUTO GROUP, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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Corporate Filing Menu

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May 31, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BUSINESS CHOICE INC

SUBJECT: SUPERIOR STREET AUTO GROUP, LLC

REF: W17000045789

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

JUAN A REYES
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000140792 Letter Number: 217A00010860

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

AKIICLESOFC	MOMINATIONICAL	VINDATA.	
ARTICLE I - Name: The name of the Limited Liability	Company is:		
	SUPERIOR STREET A		
(Must contai	n the words "Limited Ll	ability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	iress of the principal off	ice of the Li	imited Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
3201 N. DIXIE HWY			3201 N. DIXIE HWY.
BOCA RATON, FL 3			BOCA RATON, FL 33431
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac-	cannot serve as its own Retive Florida registration	(egistered A	l Agent's Signature: gent. You must designate an individual or
	SANCHEZ LAMAR I	HUGHLEY	
		Name	
	3201 N. DIXIE HWY.	·	
	Florida street address	(P.O. Box I	IOT acceptable)
	BOCA RATON	FL	33431

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 cartificate, 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..

State

Zip

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2017 HAY 31 PH 12: 04

Nite: 'AMBR" = Authorized Member	Name and Address:
'MGR" = Manager AMBR	SANCHEZ LAMAR HUGHLEY
	3201 N. DIXIE HWY.
	BOCA RATON, FL 33431
AMBR	TODD GEOFFREY STERNLIEB
· · · · · · · · · · · · · · · · · · ·	3201 N. DIXIE HWY.
	BOCA RATON, FL 33431
AMBR	RODRIGO FERREIRA
· · · · · · · · · · · · · · · · · · ·	3201 N. DIXIE HWY.
	BOCA RATON, FL 33431
Use attachment if necessary)	
EV: Effective date, if other than the date of filing	E
ctive date is listed, the date must be specific at f filing.)	nd cannot be more than five business days prior to or 9

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 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.

SANCHEZ LAMAR HUGHLEY
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)

