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K. Brumbley

COVER LETTER

TO:

New Filing Section

Taliahassee, FL 32314

Division of Corporations CarSmart Car Care, LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Nicholas Fabricatore Name of Person CarSmart Firm/Company 339 E. Myers Blvd. Address Mascotte, FL 34753 City/State and Zip Code nick@gocarsmart.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Nicholas Fabricatore Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & \$130.00 Filing Fee & \$125.00 Filing Fee \$160.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street Address **New Filing Section** New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		nart Car Care, LLC			
(Must con	ntain the words "Limited l	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Address:		
720 W. Broad St.		<u></u>	W. Broad St.	_	
Groveland, FL 34736					
			reland, FL 34736	<u>-</u>	
ARTICLE III - Registered As	gent, Registered Office, by cannot serve as its own active Florida registratio	& Registered Agent. Registered Agent.		17 SEP 21	
ARTICLE III - Registered Aş (The Limited Liability Compan another business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration taddress of the registered	& Registered Agent. ' Registered Agent. ' n.) l agent are: as Fabricatore	nt's Signature:	17 SEP 20 1	
ARTICLE III - Registered Aş (The Limited Liability Compan another business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration taddress of the registered	& Registered Agent. Registered Agent. (n.)	ot's Signature: You must designate an individual or NASSE	<u>.</u> 3. ≥	
ARTICLE III - Registered Aş (The Limited Liability Compan another business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration taddress of the registered	& Registered Agent. ' Registered Agent. ' n.) l agent are: as Fabricatore	ot's Signature: You must designate an individual or NASSE	<u>.</u> 3. ≥	
ARTICLE III - Registered Aş (The Limited Liability Compan another business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration taddress of the registered Nichol	& Registered Agent. (n.) I agent are: as Fabricatore Name	ot's Signature: You must designate an individual or A	<u>.</u> 3. ≥	
ARTICLE III - Registered Aş (The Limited Liability Compan another business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration address of the registered Nichol	& Registered Agent. (n.) I agent are: as Fabricatore Name	ot's Signature: You must designate an individual or NASSE	<u>.</u> 3. ≥	

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)

	Title:	Name and Address:				
"AMBR" = Authorized Member "MGR" = Manager						
MGR – Manager MGR	_	Nicholas Fabricatore				
		339 E. Myers Blyd.				
		Mascotte, FL 34753				
	=					
MGR	Ralph A. Fabricatore III					
		339 E. Myers Blvd.				
		Mascotte, FL 34753				
	AMBR	Ralph A. Fabricatore Jr.				
AMBK	1038 W. Broad St.					
		Groveland, FL 34736				
						
	(Use attachment if necessary)					
		A L AGE				
ARTIC	CLE V: Effective date, if other than i	the date of filing: (OPTIONAL)				
	effective date is listed, the date mus le of filing.)	st be specific and cannot be more than five business days prior to or 90 days after				
		es not meet the applicable statutory filing requirements, this date will not be listed as				
	cument's effective date on the Depa					
	·					
ARTI(CLE VI: Other provisions, if any.					
						
	REQUIRED SIGNATURE:					
		12				
	<u> </u>					
	Signature	of a member or an authorized representative of a member.				
	This document is	s executed in accordance with section 605 D203 CEV (b). Florida Statutes				
		s executed in accordance with section 605.0203 (1) (b). Florida Statutes. Inv false information submitted in a document to the Department of State				
	I am aware that a	s executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.				
	I am aware that a	any false information submitted in a document to the Department of State d degree felony as provided for in s.817.155, F.S.				
	I am aware that a	any false information submitted in a document to the Department of State				

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)