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FAX No. 001
Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: _____

FLORIDA LIMITED LIABILITY CO.
ELEMENT AUTO PARTS, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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FAX No.

P.002

850-617-6381

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November 15, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: ELEMENT AUTO PARTS, LLC
REF: W17000091146

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.

The suite # is not legible.

Please return 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.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H17000300574
Letter Number: 617A00023158

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ELEMENT AUTO PARTS, LLC.

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:2315 NW 107 AVENUESTE 1M28B117DORAL FL 33172**Mailing Address:**2315 NW 107 AVENUESTE 1M28B117DORAL FL 33172**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NAZLY GUARNIZO

Name

2315 NW 107 AVE. NO. 1M28B117Florida street address (P.O. Box **NOT** acceptable)DORALFL33172

City, State, and 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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:**NAZLY GUARNIZO**

2315 NW 107 AVENUE NO 1M28B117

DORAL FL 33172

AMBR

JUAN CUEVAS

2315 NW 107 AVENUE NO 1M28B117

DORAL FL 33172

AMBR

AMBR

ANDRES CUEVAS

2315 NW 107 AVENUE NO 1M28B117

DORAL FL 33172

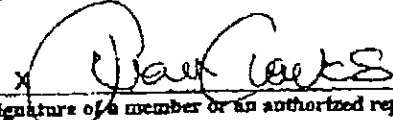
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

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.

JUAN CUEVAS

Typed or printed name of signer

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