da Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

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

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EMALL	Address:	

FLORIDA LIMITED LIABILITY CO. MIKE'S MOTORS, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00
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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABI

ARTICLE I - Name:

The name of the Limited Liability Company is: (Muse end with the words "Limited Liability Company,

Mike's Motors, LLC.

ARTICLE II - Address:

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

2930 SW 103rd AVE MIDMI, EL 33165

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Lieblity Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

> Michael Sanz 2930 Sw 10312 Aue MIAHI, PL 33165

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

> Michael Sunz Monager

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I. UUJ

Required Signatures:

Signature of a member or an authorized sepresentative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjuty 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.

MICHAE/ SANZ

Typed or printed name of signee

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)

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