Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H18000173069 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name Account Number : I20000000192

: A.A.ALI, CPA

Phone

: (407)298-3900

Fax Number : (407)298-0660

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

| Emai. | L Address: | |
|-------|------------|--|
| | | |
| | | |

FLORIDA LIMITED LIABILITY CO. INTERSTATE AUTO CENTER LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

N. SAMS

JUN 1 1 2018

(((H18000173069 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INTERSTATE AUTO CENTER LLC

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

ARTICLE II - Address:

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

PHYSICAL ADDRESS: 4398 W. COLONIAL DR

ORLANDO FLORIDA 32808

MAILING ADDRESS: 7212 RAFANELU COURT

ORLANDO FLORIDA 32818

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:

LYONEL CADET 7212 RAFANELLI COURT. ORLANDO FLORIDA 32818

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..

LYONE ADET / Registered Agent's Signature

(((H18000173069 3)))

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"AMBR" = Manager

"MGRM" = Managing Member

LYONEL CADET - PRESIDENT
7212 RAFANELLI COURT.
ORLANDO FLORIDA 32818

JACQUES YVENS CIVIL- MGRM 7212 RAFANELLI COURT. ORLANDO FLORIDA 32818 10 JUN - 8 PM 3: 21

ARTICLE V: Effective date, if other than the date of filing: 06/08/2018
(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.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative 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 perjury 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.

LYONEL CADET

Typed or printed name of signee

(((H18000173069 3)))