Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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CONTRACTOR
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FLORIDA LIMITED LIABILITY CO. ROBERTS AUTO PARTS LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
Roberts Anto Parts LLC				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	Liabili	ty		_
4012 Crossbill Cn				
Weston, FL. 33731				
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite Company cannot serve as its own Registered Agent. You must designate an Individual or another business entity with an active Florida registration.)	d Liability	18 J		
Robert Scott Finger	HASS.	=======================================		_
4012 Crossbillan	<u>₩</u> ;		<u>m</u>	_
Weston, FC- 33331	FLO	فخ	Ü	
ARTICLE IV	DA DA	09		-
The name and title of each person authorized to manage and control the Lim Liability Company: (MGR or AMBR)	ited			78.
Robert Scott Finger (AMBR)				_
Juan Alberto Succear (AMBR)				_
				-
				-

Required Signatures:

3052201440

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.

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 ray duties, and I am familiar with and accept the obligations of my position as registered egent as provided for Chapter 605, F.S..

Agent's Signature (REQUIRED)