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.

(((H18000263959 3)))



H180002539593ABCA

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email	Address:			
FDall	Address:			

## FLORIDA LIMITED LIABILITY CO. AMERICAN TRUCK PARTS CENTER LLC

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

2018 SEP 10 AM 11: 34 SECRETARY OF STATE TALLAHASSEE, FL

.

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
American	Truck	Parts	Center	لِـلــ(
ARTICLE II - Address: The mailing address and street Company is:	address of the princip			
8348	Sun V	ista W	Xay	
Orlo	ando F	-L 329	<u> </u>	
ARTICLE III - Registered Agen The name and the Florida stree Company cannot serve as its own Registered with an active Florida registration.)	t address of the registe	Irvidual or another busines	Limited Liability s entity	
8348	Sun	vista.	WS1	
orla	ando f	-L 3	2822	
ARTICLE IV The name and title of each pers Liability Company: (MGR or Al	on authorized to mans	age and control the	e Limited	
Yuries	Ky Dic	iz Ro	driguez	
	(Am BR)		SECKE)	
			<u> </u>	
	<del></del>		ASSEE	
			F ST .	•

## Required Signatures:

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.

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)

2018 SEP 10 AM II: 34 SECRETARY OF STATE