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To:

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Fax Number : (305)592-9591

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

Email Address:

## FLORIDA LIMITED LIABILITY CO.

## Advance Automatic Transmission Parts, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: Advance Automatic Transmission Parts, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: 9092 NW South River Dr Suite 40 9092 NW South River Dr. Suite 40 Medley, FL 33166 Medley, FI 33166 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: CAROLINE QUINTANA-NEGRET 9092 NW S River Dr Suite 40 Florida street address (P.O. Box NOT acceptable) Et 33166 City, State, and Zip Medley Having been named as registered agent and to accept service of process for the above stated limited hability 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"MGR" = Managing Member  MGRM  CAROLINE QUINTANA-NEGRET  9092 NW South River Drive Suite 40  Medley, FL 33166   (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	Title:	Name and Address:	
(Use attachment if necessary)  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days of days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 605, 0203, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein in figure is a many representative of a marsh that is a market that any false information submined in a document to the Department of the constitutes at hird degree felony as provided for in s.817.155, F.S.)	"MGR" = Manager		
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(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGRM	CAROLINE QUINTANA-NEGRET	
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