

NOV/29/2018/THU 11:20 AM

FAX No.

P. 001

11/29/2018

Division of Corporations

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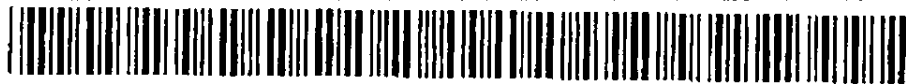
Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
AUTO MALL OF FLORIDA LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 29 2018

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Auto Mall of Florida 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:

Principal Office Address:18520 NW 67 Avenue, Ste 265  
Hialeah, FL 33015Mailing Address:18520 NW 67 Avenue, Ste 265  
Hialeah, FL 33015

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Raquel Fernandez

Name

18520 NW 67 Avenue, Ste 265Florida street address (P.O. Box NOT acceptable)Hialeah

City

FL 33015

Zip

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.

Raquel Fernandez  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**ARTICLE IV-**

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

Name and Address:

Raquel Fernandez

18520 NW 67 Avenue, Ste 265

Hialeah, FL 33015

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:

*Raquel Fernandez*  
 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

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 DEPARTMENT OF STATE  
 401 GUYTON ST  
 TALLAHASSEE, FL 32399