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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

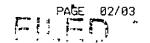
Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

F11	Address			

FLORIDA LIMITED LIABILITY CO. TIRE SHOP GROUP LLC.

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



2018 DEC -2 AH 10: 40

ARTICLES OF ORGANIZATION

SECRETARY OF STATE

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company,
S. D. C., Gr. EDG.,)
tire shop Group. LLC.
SIOT GROUP. KNC.
ARTICLE II - Address:
The mailing address and street address of the principal office of the It is the street
Company is:
115 KIVERA BEILD DR. DEBARY
Company is: 715 RIVERA BELLA DR. DEBARY DEBARY FLORIDA 33713.
·
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (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.)
Y a Marian
TORMANH Alexis I LENDEZ ARAQUE
715 DIVERN BALLA DE DEBARN
Tr. 3 Relocation of the Section of t
TORMANH ALEXIS MENDEZ ARAQUE 715 RIVERA BELLA DE DE BARY DEBARY FLORIDA 33713
ARTICLE IV-
The name and title of each person authorized to manage and control the Limited
Liability Company:
$\begin{array}{cccccccccccccccccccccccccccccccccccc$
YORMANH Alexis MENDEZ ARAQUE (AMBR)
(AMRO)
- $(F)HOR)$

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.

YORMAWH ALEN'S MENDEZ ARAQUE
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, E.S.

Registered Agent's Signature (REQUIRED)