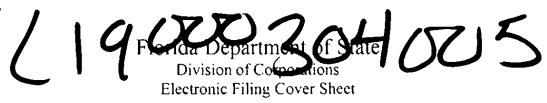
Division of Corporations



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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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 r : (654)267 Fax Number

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

	Address:		
P:maii	ACOTOSS:		

FLORIDA LIMITED LIABILITY CO.

All Pro Auto Solutions, LLC

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

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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ALL PRO AUTO SOLUTIONS, LLC

(Must contain 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:

Mailing Address:

3601 NE 207th Street	3601 NE 207th Street
Apartment 1309	Apartment 1309
Miami, FI. 33180	Miami, FL 33180

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 arc:

C T Corporation Sys	Name	
1200 South Pine Isla	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Plantation,	Florida	33324
City	State	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..

C.T Corporation System

By: Bree Zahner, Assistant Secretary

Registers Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	·
"MGR" = Manager	MARKIT O DAGILI
_Authorized_Member	MARCELO BASILE 3601 NR 207th Street, Apartment 1309
	Miami, FL 33180
	<u> </u>
	HE A
	- Eo
	FLS
(Use attachment if necessary)	OR I
CLE V: Effective date, if other than the date of	filing: (OPTIONAL)
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