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(((H20000079082 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : MICHAEL J. FREEMAN, P.A.

Account Number : 072720000142 Phone : (305)442-1557

Phone : (305)442-1567 Fax Number : (305)442-1227

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

Email Address: mfreeman @ freemanmiami, com

FLORIDA LIMITED LIABILITY CO. BERKELEY AUTOMOTIVE LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BERKELEY AUTOMOTIVE LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4835 Collins Avenue

Suite 801

Miami Beach, FL 33140

Mailing Address:

4835 Collins Avenue

Suite 801

Miami Beach, FL 33140

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

The name and the Florida street address of the registered agent are:

M.J. F. Registered Agent Corp.

Name

153 Sevilla Avenue

Florida Street Address (No P.O. Box)

Coral Gables, Fl 33134

City, State, and Zip Code

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

(Michael J. Freeman, President)

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title: TAMBR = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Jean-Christophe Murray 4835 Collins Avenue Suite 801 Miami Beach, FL 33140
AMBR	Milan Guillot 4835 Collins Avenue Suite 801 Miami Beach, FL 33140

REQUIRED SIGNATURE:

M1 France , 834.

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.)

Type or print name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)

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