

3/9/2021

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : GEORGE DIAZ, P.A.  
Account Number : I20200000005  
Phone : (305)279-3231  
Fax Number : (305)375-8050

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

Email Address: G DIAZ @ DIAZREUS.COM

**FLORIDA LIMITED LIABILITY CO.  
AUTOTEKNE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

AUTOTEKNE 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:
<u>221 West Hallandale Beach Blvd., Suite #207</u>	<u>221 West Hallandale Beach Blvd., Suite #20</u>
<u>Hallandale Beach, Florida 33009</u>	<u>Hallandale Beach, Florida 33009</u>

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:

<u>George Diaz, Esq.</u>		
Name		
<u>100 SE 2nd Street, Suite 3400</u>		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
<u>Miami</u>	<u>Florida</u>	<u>33131</u>
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.

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

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