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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.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. **ORLANDO TIRES LLC**

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

ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is:   |                  |          |
|---|------------------|----------|
| ORLANDO TIRES LCC   |                  |          |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:   |                  | -        |
| 15089 SW. & TERR ACE MIAMIFIORID  | A                | 3319'    |
|   |                  | -        |
| 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.) |                  | •        |
| LUIS ORLAND OTARRIO VILLAZON  | /                |          |
| 15089 S.W. 8 Terr.  | <del>/</del>     | ı        |
| M19M1 FL 33194  | ·                |          |
| ARTICLE IV  The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  LUIS Orlando TARRIO VIII (2.0N)  | 2021 APR 14 AM   |          |
| (AMBR)  | 8: <del>28</del> | * traped |
|   | <del></del>      |          |
|   |                  |          |
|   |                  |          |

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

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 us provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)