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.

(((H21000228196 3)))



H210002281963ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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:

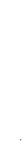
FLORIDA LIMITED LIABILITY CO. **GONZADEZ LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words *Limited Liability Company, *L.L.C., or *LLC.")

GONZADEZ LLC

ARTICLE II - Address:

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

1400 N 64TH AVE, HOLLYWOOD FL 33024

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.)

WYNWOOD TITLE CORP, 1800 N BAYSHORE DR. #2812, MIAMI, FL 33132

<u>ARTICLE IV-</u>

The name and title of each person authorized to manage and control the Limited Liability Company:

VILMA GONZALEZ -MANAGER

ANGEL HERNANDEZ -MANAGER

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.

DOREEN PARRONDO
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 695, F.S.

Registered Agent's Signature (REOUIRED

Page [1

OF PROPARTS IMPORT LLC

The undersigned organizer hereby adopts the following Articles of Organization under the provisions of Chapter 605.0201 of the Florida Statutes:

<u>ARTICLE I</u>

Name

The name of the Limited Liability Company is: PROPARTS IMPORT LLC

ARTICLE II Principal and Mailing Address

2.01 The complete street address of the initial designated principal office is:

2922 NW 130th Ave Unit 112 Sunrise, FL 33323

2.02 The complete mailing address is:

2922 NW 130th Ave Unit 112 Sunrise, FL 33323

ARTICLE III
Duration

The duration of the Limited Liability Company shall be perpetual.

