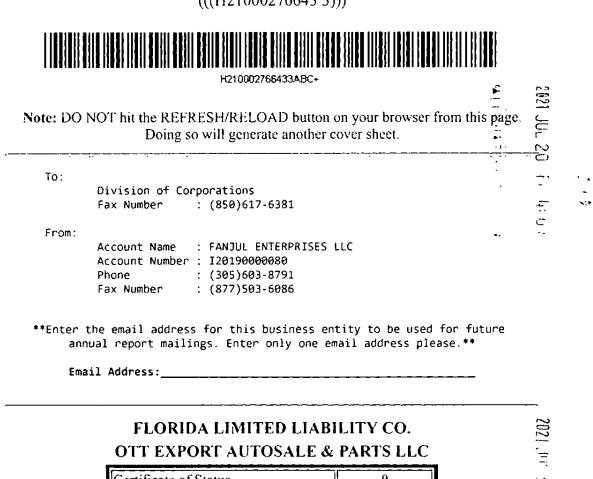
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Certificate of Status Certified Copy 0 Page Count 01

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Fax: 18775036086

OTTEXPORT AUTOSALE & PARTS 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:

13600 NW 2ND AVE	13600 NW 2ND AVE
MIAMI, FL 33168	MIAMI, FL 33168

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:

OCTAVIO R CASTILLO ROJAS	
Name	

13600 NW 2ND AVE

Florida street address (P.O. Box NOT acceptable)

MIAMI	F	L	33168
C	ity S	tate	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)

(CONTINUED)

Fax: 18775036086 To:

Title; "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	OCTAVIO R CASTILLO ROJAS 13600 NW 2ND AVE MIAMI, FL 33168
(Use attachment if necessary)	
EV: Effective date, if other than the c	late of filing: (OPTIONAL)
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