

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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| Email | Address | : | _ | |
|-------|---------|---|---|--|
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FLORIDA LIMITED LIABILITY CO. E.E SERVICE REPAIR LLC

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

PAGE 02/03

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: ARTICLE II - Address: The mailing address: |
|--|
| ARTICLET LE Service Repair LLC |
| ARTICLET LE Service Repair LLC |
| ARTICLE II - Address: The mailing address: |
| ARTICLE II - Address: The mailing address: |
| The mailing add |
| address and street address and s |
| The mailing address and street address of the principal office of the Limited Liability |
| 14165 6W 87 th APTD-305 Minmi F.C |
| -1105 34 87 Th PMD-305 Mighai E/ |
| 33183 |
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| ARTICIEN |
| ARTICLE III - Registered Agent, Registered Office: |
| The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registration.) |
| Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) |
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| 14165 SW 87 +40 001 > |
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| 14165 SW 87 th Apt D-305 Miami F/ 33183 |
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| 14165 SW 87 -th Apt D-305 Miami Fl RTICLE IV he name and title of each paragraph. |
| 14165 Sw 87 -th Apt D-305 Miami Fl 33183 RTICLE IV the name and title of each person authorized to manage and control the Limited iability Company: (MGR or AMBR) |
| 14165 SW 87 -th Apt D-305 Miami FJ RTICLE IV he name and title of each person authorized to manage and control the Limited iability Company: (MGR or AMBR) |
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| 14165 SW 87 th Apt D-305 Miami Fl 23183 ARTICLE IV The name and title of each person authorized to manage and control the Limited sability Company: (MGR or AMBR) Poblition Plan Alvarez (AMBR) |
| 14165 SW 87 th Apt D-305 Miam F1 23183 ARTICLE IV The name and title of each person authorized to manage and control the Limited iability Company: (MGR or AMBR) Policy of Part Available ST AMBR |
| 14165 Sw 87 -th Apt D-305 Miam F 33183 ARTICLE IV The name and title of each person authorized to manage and control the Limited iability Company: (MGR or AMBR) Pobleto Pa Avance |

Required Signatures:

3052201440

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 learnin 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; s provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)