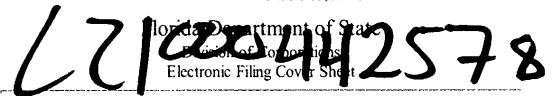
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TILLETT ALVARADO & PRENDERGAST

Account Number : I20210000002 Phone : (561)345-2416 Fax Number : (561)907-4965

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. CARS 2 GO PLUS, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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COVER LETTER

pg 2 of 4

	New Filing Sec Division of Cor					
SIID ISC	CARS 2 G	O PLUS, LLC				
SOBJEC	- 1 ·	Name of Lin	nited Liabili	ty Company		
The encl	osed Articles of	Organization and fee(s) are	submitted	for filing.		
Please re	turn all correspo	ondence concerning this ma	tter to the fo	ollowing:		
	DANIEL SH	IOR				
			Name of	Person		
	CARS 2 GO	PLUS, LLC				
			Firm/Cor	mpany		
	2960 N.E. 20	7TH STREET APT 717				
			Addre	ess		
	AVENTURA	A, FL 33180				
	DANYSH	C 66@GMAIL.COM	ity/State and	l Zip Code		
	F	E-mail address: (to be used	for future at	nnual report notification	on)	
For furthe	r information co	ncerning this matter, please	call:			
	DANIEL SH	OR 95	54	802-6851		
	Nam			Daytime Telephone		
Enclosed	l is a check for th	he following amount:				
□ \$125.	00 Filin Fee	☐\$130.00 Filin Fee & Certificate of Status	Certifie		☐\$160.00 Fil Certificate of Certified Copy (additional copy	Status &
	New Fi Divisio P.O. B	g Address illing Section on of Corporations ox 6327 assee, FL 32314]	Street Address New Filing Section Dir The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32303	ssee et, Suite 810	2021 OCT 11 AM 9: 28

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED EJABILITY COMPANY

A	RT	CL	F	I -	Nα	me:

The name of the Limited Liability Company is:

CARS 2 GO PLUS, 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:

Mailing Address:
2960 N.E. 207TH STREET
APT 717
AVENTURA, FL 33180

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:

DANIEL SHOR		
	Name	
2960 N.E. 207TH S	TREET APT 717	
Florida street addre	ss (P.O. Box NOT ac	eceptable)
AVENTURA	FL.	33180
City	State	7in

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)

2821 OCT 11 AM 9: 26

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
-	DANIEL CHOR
AMBR	DANIEL SHOR 2960 N.E. 207TH STREET APT 717
	AVENTURA FL 33180
AMBR	SANTIAGO MERCANT
	2960 N.E. 207TH STREET APT 717 AVENTURA FL 33180
AMBR	ALEJANDRO WEISZ ELBERT
	2960 N.E. 207TH STREET APT 717 AVENTURA FL 33180
(Use attachment if necessary)	
•	date of filing: (OPTIONAL)
	e specific and cannot be more than five business days prior to or 90 days a
e of filing.)	
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as

Filing Fees:

Typed or printed name of signce

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

DANIEL SHOR