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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 12000000019 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. Foton salvas annual report mailings. Enter only one email address please. ●●

Email	Address:			
CIII ALL	ADDITES:			

FLORIDA LIMITED LIABILITY CO. RASTRO MR USED AUTO PARTS, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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EIN:87-3098297

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLET	
ARTICLE I - Name: The name of the Limits 17 and	
The name of the Limited Liability Company is:	
Rastro MR Used Auto Parts 11	
ARTICLE II - Address:	<u>C</u> :
The mailing address and street address of the principal office of the Limited Li Company is:	ability
12881 Part Said Rd, Opa-Locka, FL	33854
	007
	7
	<u> </u>
ARTICLE III - Registered Agent, Registered Office:	P. F.
The name and the Florida street address of the registered agent are: (The Limiteri Lie Company cannot serve as its own Registered Agent. You must designate an individual or another business entity	abiliry C
— — Torida registration.)	,
MAIRELYS VAIDES ESPINOSA	
12881 Port SAID Rd, Opa-Locka, Fl, =	3054
ARTICLE IV The name and title of each person authorized to manage and control the Limited iability Company: (MGR or AMBR)	1
iability Company: (MGR or AMBR)	1
Majorthe Voller To	
MAIRELYS VALDES ESPINOSA (AMBR)	
Reinaldo DUERPERO LEDESMA (AMBE	_)
<u> </u>	
	-

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.

HAIRELYS VALLES ESPINOSA
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 605, F.S..

Registered Agent's Signature (REQUIRED)