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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone

: (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA LIMITED LIABILITY CO. SUPER MOTORS LLC

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

Electronic Filing Menu

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Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Super motors LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Company is:	Liability	
4930 E 10th LN	Ó	202
Hialeah Fl 33010	<u> </u>	00.1
	<u></u>	<u> </u>
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	Liability	19 4 4: 18
Carlos Alberto Acosta Lopez		
4930 E 10th LN		
Higleah Pl 33010		
ARTICLE IV The name and title of each person authorized to manage and control the Limit Liability Company: (MGR or AMBR)  CANOS ABORTO ACOSTO LOPE 2:	_	MBR
<u> </u>	_	
FREDDY ANTONIO LANA HERRER	LA	MGR

## Required Signatures:

A PASMOTH (CS.
Signature of a member or an and
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  I am aware that any folcoing.
I am aware that any false information submitted in a document to the Deparament of State constitutes a third degree felony as provided for in s.817.155, F.S.
CANOS Alberto Acosta Copez  Typed or printed name of signee
THOUSE THE PROSPA (DDe2
Typed or printed name of signee
•
Having been named as registered agent and to accept service of process for the above stated in this certificate. I hereby accept the above stated in this certificate.
limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this certificate, I hereby accept the
**PPVIIIIIEII AN IPVIETOTOA Agant == 3
the provisions of all statutes relating to the proper and complete performance of my duties, and
in Chapter 605, F.S
Registered Agent's Signature (REQUIRED)
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