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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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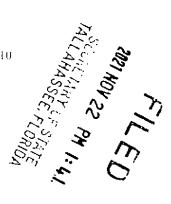
11/22/21--01034--008 **125.00



COVER LETTER

TO:	New Filing Se- Division of Co				
CHRIE	CENTENT CT:	SIAL AUTO REMARKET	TING, LLC.		
3000	C1	Name of Li	mited Liabil	ity Company	
The enc	losed Articles of	Organization and fee(s) ar	re submittec	I for filing.	
Please r	eturn all corresp	ondence concerning this m	atter to the	following:	
	JOAN GUZ	MAN FERRIOL			
			Name of	Person	
	CENTENN.	IAL AUTO REMARKETI	NG, LLC.		
	 -	· · ·	FirmyCo	ompany	
	9309 SOUT	H ORANGE AVE.			
			Addı	'ess	
	ORLANDO	, FLORIDA 32824			
	LMGUZMA:	C N2475@GMAIL.COM	Dity/State ar	id Zip Code	
		E-mail address: (to be used	for future a	muual report notificat	on)
for furthe	er information ec	oncerning this matter, pleas	e call:		
		MAN FERRIOL 40			
		ne of Person A			
Enclose	d is a check for t	he following amount.			
■ \$125	00 Filing Fee	□\$130 00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
		ig Address		Street Address New Filing Section Di	vision S

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE.	1 - :	Name:	

The name of the Limited Liability Company is:

CENTENNIAL AUTO REMARKETING, 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:	<u>Mailing Address</u> :
9309 SOUTH ORANGE AVE.	9309 SOUTH ORANGE AVE.
ORLANDO, FLORIDA 32824	ORLANDO, FLORIDA 32824

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 (egistration.)

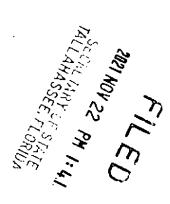
The name and the Florida street address of the registered agent are:

JOAN GUZMAN F	ERRIOL .	
	Name	
9309 SOUTH ORA:	NGL AVE.	
Florida street addres	ss (P.O. Box <u>NOT</u> acce	ptable)
ORLANDO	FLORIDA	32824
City	State	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. Thereby 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 diates, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

(CONTINUED)

igent's Signature (REQUIRED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	CARLOS E. GUZMAN 1632 NESTLEWOOD TRAIL QRÉANDO, FLORIDA 32837
AMBR	JOAN GUZMAN FERRIOL 3145 HERITAGE PARK WAY ORLANDO, FLORIDA 32837
AMBR	LUIS GUZMAN CASADO 14591 BRADDOCK OAK DRIVE ORLANDO, FLORIDA 32837
(Use attachment if necessary)	
If an effective date is listed, the date must be the date of filing.) Note: If the date inserted in this block does to the document's effective date on the Department.	date of filing: <u>01-01/2022</u> . (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed ament of State's records
ARTICLE VI: Other provisions, at any,	
REQUIRED SIGNATURE:	Jan Janan
This document is ex I am aware that any	a thember or an authorized representative of a member. secuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
<u>JOAN GUZN</u>	AAN FERRIOL Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

