

3/1/22, 10:50 AM

Division of Corporations

Florida Department of State  
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**622000077682 3**

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**FLORIDA LIMITED LIABILITY CO.  
AUTOMAX EXPRESS LLC**

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3/2/2022 9:58:42 AM PAGE

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March 2, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: AUTOMAX EXPRESS LLC

REF: W22000026514

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please correct the city in the principal, mailing, and authorized person's address.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H22000077682  
Letter Number: 122A00005067

2022 MAR -2 AM 10:15  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

AUTOMAX EXPRESS 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:**515 E. LAS OLAS BLVDSTE 120FORT LAUDERDALE, FL 33301**Mailing Address:**515 E. LAS OLAS BLVDSTE 120FORT LAUDERDALE, FL 33301**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:

DAVID LEDO

Name

515 E. LAS OLAS BLVD STE 120Florida street address (P.O. Box **NOT** acceptable)FORT LAUDERDALEFL33301

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, 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..*

David Ledo

See Art. 10-10 (F.S.) 2022 11-11 (E.S.)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

DAVID LEDO

515 E. LAS OLAS BLVD STE 120

FORT LAUDERDALE, FL 33301

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*David Ledo*

David Ledo (Feb 28, 2022 14:14 EST)

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.

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.

DAVID LEDO

Typed or printed name of signer

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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