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SLORE TARY OF STATE ALLAHASSEE, FLORIDA

D. O'KEEFE MAR 1 6 2022

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Miami Euro Auto Center LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Felipe Sierra Name of Person
Name of Person
Firm/Company
2251 () 1
3351 Sw 169th terr
27.07
miranar FL 33027 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Felipe Sieria ar asy 309 6496 Name of Person Area Code Daytine Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street Address New Filling Section Division

New Filing Section
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 FLORIDA LIMITED LIABILITY COMPANY

Miami Euro Auto	Center LLC	
(Must contain the words "Limited Liabil		
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3251 Carling Herr	3351 Cu Mach +	سرے م

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:

ARTICLE I - Name:

The name of the Limited Liability Company is:

Felipe	Sierra	
	Name	
3351 SW	lbath	terr
Florida street add	ress (P.O. Box <u>N</u>	OT acceptable)
MANAYIN	FL_	33627
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

ד ר ר כ

Title:		Name and Address:	
"AMBR" = A "MGR" = Ma AMB		Felipe Sierra 3351 Sw Heath terr, Miramar FL 33027	
AMBE	<u>}</u>	Jaico David Cycllar 1255 NE 2nd AVE, APT 604 Miami; FL, 33138	
			
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RTICLE V: Effective an effective date is e date of filing.) ote: If the date inse	ve date, if other than the listed, the date must be rted in this block does ive date on the Departm	oe specific and cannot be more than five business days prior to or 90 d	
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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)