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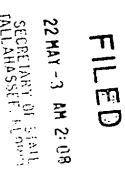
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S. CHATHAM MAY U 3 2022



COVER LETTER

TO:	New Filing Section Division of Corporations		
CHDIE	\mathcal{M}_{a}	chado Auto Sales Co	116
SUBJEC		e of Limited Liability Company	
The encl	osed Articles of Organization and fe	ec(s) are submitted for filing.	
Please re	eturn all correspondence concerning	this matter to the following:	
	Kris	Sta Harpaul Name of Person	
		Auto Sales	
		Firm/Company	
	843	3 NW 27 th Ave	
		Address	
	M	liami FL 33125	
		City/State and Zip Code a12345@gmail. Com	
	F-mail address: (to b	a/2345 (Vg/Ma//. Com e used for future annual report notification)	
For forther		• ,	
roriumnei	r information concerning this matter,	, please call:	
	Krissia Harpaul	at (786) 538 5703	
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount		
□\$125.0	00 Filing Fee	tus Certified Copy Certificate (additional copy is enclosed) Certified Co	Filing Fee, of Status & opy opy is enclosed)
	Mailing Address New Filing Section	Street Address Now Eiling Section Division	22 M SECR TALLAI
	Division of Corporations	New Filing Section Division The Centre of Tallahassee	AY.

P.O. Box 6327

Tallahassee, FL 32314

MAY -3 AH 2: DE RETARY OF STATE WHASSEE THE OWN

2415 N. Monroe Street, Suite 810

Tailahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:				
	do Auto Sala				
(Must contain	the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	ress of the principal of	ffice of the Limited	Liability Company is:		
	Office Address:		Mailing A	ddress:	
843 NW 27	MAVE		843 NW	27th Ave	
Miami Fl	33125		Miami A	FL 33125	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	nnot serve as its own ive Florida registratio	Registered Agent. \n.)	it's Signature: You must designate an	individual or	
The name and the Florida street add			1		
	Krissi	a Harpau Name NW 33rd	· (_	
		Name			
	1485	NW 33rd	5+		
	Florida street address	(P.O. Box <u>NOT</u> ac	xeptable)		
_	Laudorhill	FL	33125	33319	
	City	State	Zip		
Having been named as registered age place designated in this certificate, I h further agree to comply with the provi am familiar with and accept the oblig	tereby accept the appo isions of all statutes re ations of my position a	intment as registere lating to the proper	d agent and agree to a and complete perform is provided for in Chap	nct in this capacity. I ance of my duties, and	
		(CONTINUED)		22 MAY -3 AM 2: 08 SECRETARY OF STATE TALLAHASSEE, FI DURGE	FILED
				, · · · · · · · · · · · · · · · · · · ·	

ARTICLE IV-

•• •••

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

"AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	hrissia Harpuul	
	same as principal	
3.		
(Heaptmant if managem)		
ffective date is listed, the date must be spec	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 (days a
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.) If the date inserted in this block does not me ument's effective date on the Department of	cific and cannot be more than five business days prior to or 90 contents the applicable statutory filing requirements, this date will not	
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