

**L22000209643**

Florida Department of State  
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.  
BEST PARTS SUPPLIER LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BEST PARTS SUPPLIER 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:

Mailing Address:

5600 SW 135 AVE SUITE 106R  
MIAMI FL 33183

5600 SW 135 AVE SUITE 106R  
MIAMI FL 33183

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TALLAHASSEE, FLORIDA

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**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:

WEST KENDALL REGISTERED AGENTS INC

Name

5600 SW 135 AVE SUITE 106R

Florida street address (P.O. Box **NOT** acceptable)

<u>MIAMI</u>	<u>FL</u>	<u>33183</u>
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.*

Gabriel S. Diaz-Sarmiento

\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

MUNETON, CLAUDIA MARCELA  
5600 SW 135 AVE SUITE 106R  
MIAMI FL 33183

MGRM

MUNOZ CASTILLO, BERNARDO JOSE  
5600 SW 135 AVE SUITE 106R  
MIAMI, FL 33183

MGRM

MUNOZ CASTILLO, GABRIEL PATRICIA  
5600 SW 135 AVE SUITE 106R  
MIAMI FL 33183

MGRM

MUNOZ, JORGE ULICES  
5600 SW 135 AVE SUITE 106R  
MIAMI FL 33183

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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:**

Claudia Marcela Muneton

\_\_\_\_\_  
**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.

CLAUDIA MARCELA MUNETON - MGR

\_\_\_\_\_  
Typed or printed name of signer

\_\_\_\_\_