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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MIAMI BUSINESS SOLUTIONS, INC.
Account Number : I20170000045
Phone : (786)546-4490
Fax Number : (800)323-1074

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: eduardo@mbstaxes.com

**FLORIDA LIMITED LIABILITY CO.
FIM COMPLETE AUTO REPAIR LLC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

2022 SEP 26 PM 12:17

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TALLAHASSEE, FLORIDA

22 SEP 26 PM 12:35

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NO

**ARTICLES OF ORGANIZATION
FOR
FIM COMPLETE AUTO REPAIR LLC**

Article I

The name of the Limited Liability Company is:
FIM COMPLETE AUTO REPAIR LLC

Article II

The principal place of business address is:
3940 NW 26TH ST
MIAMI, FL 33142

The principal place of mailing address is:
3940 NW 26TH ST
MIAMI, FL 33142

Article III

The purpose for which this corporation is organized is:
ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
MIAMI BUSINESS SOLUTIONS INC.
1845 E WEST PKWY ST 9
FLEMING ISLAND, FL 32003

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.


EDUARDO MIRALLES

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Article V

The name and address of person(s) authorized to manage LLC:

**Title: AMBR
JORGE L FRAGA
3940 NW 26TH ST
MIAMI, FL 33142**

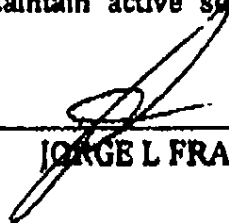
**Title: AMBR
EDDY CUE GONZALEZ
3940 NW 26TH ST
MIAMI, FL 33142**

Article VI

**The effective date for this corporation shall be:
09/23/2022.**

Signature of members and authorized representative

I am the member or authorize representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



JORGE L FRAGA



EDDY CUE GONZALEZ

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA