

**C22000 487436**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP  
Account Number : I20060000145  
Phone : (305)769-4936  
Fax Number : (305)769-1844

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
TITO TIRE SERVICES LLC**

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

2022/11/16 PM 3:53

22 NOV 16 PM 12:35

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Effective date for this filing: Jan 1, 2023

## ARTICLE I- Name:

The name of the Limited Liability Company is:

**TITO TIRE SERVICES, LLC.**

## ARTICLE II- Address:

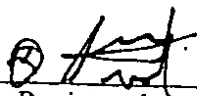
The mailing address and street address of the principal office of the Limited Liability Company is: **3055 NW 17 ST MIAMI FL 33125**

## ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

**RAFAEL FONSECA  
3055 NW 17 ST  
MIAMI FL 33125**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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

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**ARTICLE IV:**

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

**Title:**

**Name and Address:**

**AMBR**

**RAFAEL FONSECA  
3055 NW 17 ST**

**AMBR**

**MIAMI, FL 33125  
NORMA RIVERA  
3055 NW 17 ST  
MIAMI FL 33125**



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Signature of member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

**RAFAEL FONSECA**

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Typed or printed name of signee.

NOTARIAL PUBLIC  
STATE OF FLORIDA  
COMMISSION # 123456789

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