

# L22000531206

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6391

From:

Account Name : VCORP SERVICES, LLC  
Account Number : 1200800000647  
Phone : (941) 425-0077  
Fax Number : (941) 419-1586

**\*\*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.

### Auto Arts Miami LLC

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

2022-12-20 PM 4:50

FILED  
2022 DEC 20 AM 10:59  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is

Auto Arts Miami 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:

1580 NE 131 Street

1580 NE 131 Street

North Miami, FL 33161

North Miami, FL 33161

## ARTICLE III - Registered Agent, Registered Office, &amp; 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

Barry Engel

Name

1580 NE 131 Street

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

North Miami

FL

33161

City

State

Zip

Having been named as registered agent and to accept service of process for the above state of Florida limited liability company at a place designated in this certificate, I hereby accept the appointment as registered agent and agree, as an individual, to neither 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.

Barry Engel  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

Title:Name and Address:

"AMBR" - Authorized Member

"MGR" - Manager

AMBR

Barry Engel

1580 NE 131 Street

North Miami, FL 33161

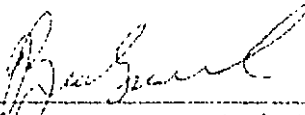
(Use attachment if necessary)

**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:**


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 608.03(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 817.02, F.S.

Barry Engel

Typed or printed name of signee

**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)