Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

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Account Number : I20000000019

Phone : (305)552-5973

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: _

FLORIDA LIMITED LIABILITY CO. AUTO MAR EXCLUSIVE LLC

Certified Copy 0 Page Count 03	nt 03	 	Certificate of Status	1	
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Liability Company: (MGR or AMBR)

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY ARTICLE L. No.		
ARTICLE I - Name: The name of the Limited Liability Company is:	?	
AUTO MAR EXCLUSIVE LLC		
Company is:	ability	
7425 ND 54th ST. MiAm; FL 33/64		
		 -
ARTICLE III - Parist		
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitea Lia Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)		
Miguel Angel Ramirez Jourdain	<u> </u>	
7475 NW 54th St Migmi Fl 333	166) ·
	1.	2
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	:•	

Article V. Purpose: Purchase and Soile of

ANGEL RAMINET JOURDAIN

Required Signatures:

3052201440

Signature of a 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.

MIGNEL ANCIEL RAMINE & JOURDAIN.

Typed or printed name of signee

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 herely accept the appointment as registered agent and agree to act in this capacity. I further agnie 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 ager t as provided for in Chapter 605, F.S..

Agent's Signature (REQUIRED)