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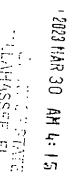
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COVER LETTER

TO:

New Filing Section

New Filing Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Di	vision of Cor	porations		
SUBJECT:		Y AUTO SALES LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of	Organization and fee(s) are	submitted for filing.	
Please retur	n all correspo	ndence concerning this mat	ter to the following:	
	JUAN MOR	ENO		
			Name of Person	
			Firm/Company	
	2865 89TH S	TREET CIR E		. 25
			Address	
	PALMETTO), FL 34221		2023 HAR 30
j	MORENO.F	Ci INANCE@GMAIL.COM	ty/State and Zip Code	
_	F	E-mail address: (to be used	for future annual report notificati	ion) Fig.
For further in	iformation coi	ncerning this matter, please	call:	
,	JUAN MORI	ENO 72 at (7 641-0075	
-	Nam		ea Code Daytime Telephon	e Number
Enclosed is	a check for th	ne following amount:		
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailin</u>	g Address	Street Address	

New Filing Section Division

2415 N. Monroe Street, Suite 810

The Centre of Tallahassee

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company	ris:			
AZUA BAY AUTO SALES LL			M. I. C. W MI (2.22)	
(Must contain the wor	as "Limitea i	Diability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal o	ffice of the Lir	nited Liability Company is:	
Principal Office A	ddress:		Mailing Address	;
104 W SENECA AVE STE 44 TAMPA FL 33612			7915 KOSI PALM PL TAMPA FL 33615	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot ser				idual or
another business entity with an active Flori			ent. For most designate an indivi	dual of
The name and the Florida street address of	the registered	agent are:		
CARLO	S A AGRAN	MONTE CALE	DERON	
		Name		
7915 KG	OSI PALM P	L		
Florida	street addres	s (P.O. Box <u>N</u> 0	OT acceptable)	
<u>TAMPA</u>	<u>. </u>	FL	33615	-
	City	State	Zip	2023
Having been named as registered agent and to place designated in this certificate. I hereby a further agree to comply with the provisions of am familiar with and accept the obligations o	ccept the appoal	o <mark>in</mark> tment as reg Lating to the p	istered agent and agree to act in t coper and complete performance o	r company at the Habitation of my duties, and B
	(bul)	A· Myan ered Agent's S	ignature (REQUIRED)	

(CONTINUED)

ARTICLE IV-

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

Title: "AMBR" = Authorized Me	Name and Address: aber	
"MGR" = Manager <u>AMBR</u>	CARLOS A AGRAMONTE CALDERON 7915 KOSI PALM PL TAMP FL 33615	
(Use attachment if necessar	9	
If an effective date is listed, the date of filing.)	k does not meet the applicable statutory filing requirements, this date will not be	Elisted as
ARTICLE VI: Other provisions, if an	A 200	30 1
REQUIRED SIGNATUR		<u>:</u> 5

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.

Carlos Adrian Agramon To Palde Ron 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)