Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

| Email | Address: | | | | |
|-------|----------|--|---|------|------|
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FLORIDA LIMITED LIABILITY CO. THE CAR STORE LAS MERCEDES, LLC

| Certificate of Status | 1 | | |
|-----------------------|----------|--|--|
| Certified Copy | 0 | | |
| Page Count | 03 | | |
| Estimated Charge | \$130.00 | | |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is

The Car Store Las Mercedes, 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: | 123 JUL |
|------------------------------------|------------------------------------|---------|
| 4738 NW 83 Path Doral, FL 33166 | 4738 NW 83 Path Doral, FL 33166 | 26 |
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ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Tomasino Diglio-Martoni

4738 NW 83 Path Miami, FL 33166

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 as provided for in Chapter 605, F.S.

Tomasino Diglio Martoni

Registered Agent's Signature

(CONTINUED) Page 1 of 2

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title:

Name and Address:

Authorized Member

TOMASINO DIGLIO-MARTONI

Address: 4738 NW 83 Path, Miami, FL 33166

REQUIRED SIGNATURE:

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— CC\$AF4A9C4C3400 .

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.)

Tomasino Diglio-Martoni

Typed or printed name of signee

SECRETARY OF STATE FALLAHASSEELT LORID
7023 JUL 26 PM 3: 11