

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L23000467055**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000355486 3)))



H230003554863ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

2023 OCT 10 PM 4:05

RECEIVED

**\*\*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.  
CITY TRUCK CENTER SALES, LLC**

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

*Y-A*  
*10/11/23*

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2023 OCT 10 PM 4:17

FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:****CITY TRUCK CENTER SALES, LLC****ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**1002 East 27<sup>th</sup> Street

Hialeah, FL 33013

**Mailing Address:**1002 East 27<sup>th</sup> Street

Hialeah, FL 33013

**ARTICLE III - Registered Agent, Registered Office, & 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:

Jorge Fernandez De Castro

Name

16201 NW 77<sup>th</sup> PlaceFlorida street address (P.O. Box **NOT** acceptable)

Miami Lakes

FL

33016

Miami

State

Zip

*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 provide for in chapter 605, F.S.*

X \_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 OCT 10 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE IV –**

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Jorge Fernandez De Castro

16201 NW 77<sup>th</sup> Pl

Miami, Lakes, Fl. 33016

AMBR

Maydelin Valdes


5232 NW 168<sup>th</sup> Terr

Miami Gardens, Fl. 33055

(Use attachment if necessary)

**ARTICLE VI:** Other provisions, if any

REQUIRED SIGNATURE:

X 

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.

SECRETARY OF STATE  
FLORIDA  
OCT 10 PM 4:17

FILED