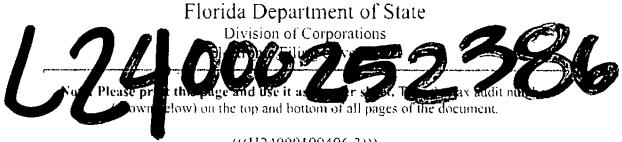
6/6/24, 3.14 ⊇M

Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

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

SalesTax@lithia.com

FLORIDA LIMITED LIABILITY CO.

L821, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name: The name of the Limited Liability Company is: 1.821, LLC

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address</u> :
150 N. Bartlett Street	150 N. Bartlett Street
Medford, OR 97501	Medford, OR 97501

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 (egistration.)

The name and the Florida street address of the registered agent are.

NRAI Services, Inc.		
	Name	
1200 South Pine Isla	ind Road	
Florida street addres	is (PO Box <u>NOT</u> ac	(ceptable)
Plantation	FL	33324
City	State	Zib

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. Thereby 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 ain familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Katherine Schneider
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2004 JUN -6 PH 3: 50

ARTICLE IV-
The name and a

The name and address of each person authorized to manage and control the Lamited Etability Company

"AMBR" = Authorized \	Name and Address: ember
"MGR" = Manager <u>MGR</u>	Lithia Motors, Inc. 150 N. Bartlett Street Medford, OR 97051
	· · · - ·
(Use attachment if necess	ary)
ICLE V: Liffective date, if oth i effective date is listed, the diate of filing.) If the date inserted in this b	
ICLE V: Effective date, if oth a effective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the	ate must be specific and cannot be more than five husiness days prior to or 90 days at lock does not meet the applicable statutory filing requirements, this date will not be listence Department of State's records
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ICLE V: Effective date, if oth n effective date is listed, the dilate of filing.) e: If the date inserted in this b document's effective date on the lice of the	ate must be specific and cannot be more than five husiness days prior to or 90 day lock does not meet the applicable statutory filing requirements, this date will not be no Department of State's records any. RE: nature of a member or an authorized representative of a member, ment is executed in accordance with section 605 0203 (1) (b). Florida Statutes that any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)