Florida Department of State

Division of Corporations

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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## FLORIDA LIMITED LIABILITY CO. CENTRAL FLORIDA AUTO RECYCLING LLC

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

PH JUN 24 PH 3: 56

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ARTICLE I - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Central Florida auto recycling LLC  ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability  Company is:
3140 NW 165st Mian: Gardon FL 33054
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity  (ASWAN Hernander)
3140 NW 165st MIAM! Crarden-92 33054
ARTICLE IV  The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  Example Marchino MGR  MGR  MGR
E MURE HUNCEIND MER
2018 JUN 219 J

EIN: 99-3662417

Required Signatures:

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 Lerein 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.

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 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..

Registered Agent's Signature (REQUIRED)