

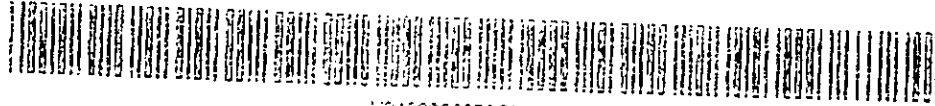
Division of Corporations

**L24000705209**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FLORIDA ACCOUNTING & BUSINESS CONSULTING LLC  
Account Number : I28288886185  
Phone : (754)228-4294  
Fax Number : (844)254-4844

\*\*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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RECEIVED

FLORIDA LIMITED LIABILITY CO.  
AUTOS DE LA O, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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Corporate Filing Menu

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC")*

AUTOS DE LA O , LLC

**ARTICLE II - Address:**

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

4540 SW 27TH AVE  
FORT LAUDERDALE, FL 33312

**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 with an active Florida registration.)*

ALLAN ALPIZAR  
4540 SW 27TH AVE  
FORT LAUDERDALE, FL 33312

**ARTICLE IV-**

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

ALLAN ALPIZAR (AMBR)  
4540 SW 27TH AVE  
FORT LAUDERDALE, FL 33312

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STATE  
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Required Signatures:

ALLAN ALPIZAR

\_\_\_\_\_  
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. 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.

ALLAN ALPIZAR

\_\_\_\_\_  
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..

ALLAN ALPIZAR

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