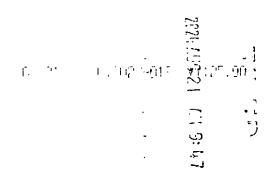
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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	TIAW	MAIL
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Certified Copies	Certificates o	1 Status
Special Instructions to Fil	ing Officer:	
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Office Use Only



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# **CORPORATE** ACCESS,

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

PICK UP: MISTY 8/21 **CERTIFIED COPY** XX**PHOTOCOPY** CUS XX**FILING** LLC 1. CAR EURO SERVICES LLC (CORPORATE NAME AND DOCUMENT #) 2. (CORPORATE NAME AND DOCUMENT #) 3. (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #) 5. (CORPORATE NAME AND DOCUMENT #) 6. (CORPORATE NAME AND DOCUMENT #) SPECIAL INSTRUCTIONS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Car Euro Servi				
(Mus	st contain the words "Limited	l Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and st	treet address of the principal	office of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
1424 NE Mian	1424 NE Miami PL Apt 3412		1424 NE Miami PL Apt 3412	
Miami, FL 331		Mia	mi, FL 33132	
		<del></del>		<del></del>
ARTICLE III - Registere	ed Agent, Registered Office	., & Registered Agei	nt's Signature:	
	mpany cannot serve as its ow		You must designate an indiv	idual or
another huginess entity un	th an active Florida registrati	ion l		
anomer business entity wi	an an active r fortua registrati	1011.)		~3
•	street address of the registere			700
•	street address of the registere			73
•	· ·			7927.32
•	street address of the registere Suniel De Jesus	ed agent are: Name		7821.321
•	street address of the registere  Suniel De Jesus  1424 NE Miami PL	Name . Apt 3412	anontahla)	Just 135 1. 5
•	street address of the registere  Suniel De Jesus  1424 NE Miami PL	ed agent are: Name	cceptable)	1.5. 1.2 5. 1.5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.
•	street address of the registere  Suniel De Jesus  1424 NE Miami PL	Name . Apt 3412	cceptable)	777 13 17 5:17
•	Suniel De Jesus  1424 NE Miami PL Florida street addre	Name . Apt 3412 ess (P.O. Box NOT a	•	7521.321 1.5:17
The name and the Florida daving been named as regis lace designated in this cert wither agree to comply with	Suniel De Jesus  1424 NE Miami PL Florida street addre	Name  Apt 3412  ess (P.O. Box NOT a  FL  State  vice of process for the pointment as register relating to the propen as registered agent of the proper agent of th	33132 Zip e above stated limited liability ed agent and agree to act in it r and complete performance o	company at the this capacity. I of my duties, and

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	Suniel De Jesus 1424 NE Miami PL Apt 3412 Miami, FL 33132	<u> </u>
		<u> </u>
(Use attachment if necessary)		_
ffective date is listed, the date must be specific e of filing.)	ing: (OPTIONAL)  and cannot be more than five business days prior to or  the applicable statutory filing requirements, this date will  ate's records.	90 days
CLE VI: Other provisions, if any.		

#### **REOUIRED SIGNATURE:**

/S/ Suniel De Jesus

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.

Suniel De Jesus

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)