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.

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Ta:

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

**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. TIRE CORNER LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR the manner of t	.FLORIDA	LIMITED LIABILITY COMPANY
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
outputty is,		
TIRE CORNER LLC		
(Must contain the words "Limited	Liahiliry C	Omnany M. I. C. T. M. I. C. T.
ADTRICA	· · · · · · · · · · · · · · · · · · ·	ompany, C.T.C., for "CLC")
ARTICLE II - Address:		
The mailing address and street address of the principal of	ffice of the	Limited Lubility Commences
		company 18.
Principal Office Address:		Mailing Address:
1127 SW PARK STREET		51 1/1 ——
OKEECHOBEE, FL. 34972		1127 SW PARK STREET
	 -	OKEECHOBEE, FL. 34972
		
ARTICLE III - Registered Agent, Registered Office, & The Limited Liability Company parameters of the con-	. Dagiotan	-4.4
The Limited Liability Company cannot serve as its own I mother business entity with an active Florida registration	e szegistered Zenistered	Agent's Signature:
nother business entity with an active Florida registration	.)	regem. Fou must designate an individual or
he name and the Florida street address of the registered a	igeni are:	
		i i
FAB: ANO FARAONI	<u>; </u>	
i	Name	
1197 CN/ 04 DV (070		
1127 SW PARK STRE	<u>1: [</u>	
Florida street address (P.O. Box M	NOT acceptable)
OKEECHOBEE	FL.	
City	State	34972
.	अवस्ट	Zip
ing been named as registered agent and to account		_

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 om 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)

; ;

- 5:

(CONTINUED)

MGR ** Manager ** MGR ** HABIANO FARAONE ** 1127 SW PARK STREET OKEECHOREE, FL. 34972 ** **AMBR ** **CLAUDIA DODERA 1127 SW PARK STREET OKEECHOREE, FL. 34972 ** **AMBR ** **CLAUDIA DODERA** 1127 SW PARK STREET OKEECHOREE, FL. 34972 ** *** **CONTROL OF THE AMERICAN FOR THE AMERICAN	Title: "AMBI	R" = Authorized Member	Name and Address:	-	,
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