

L95000000528

CAPITAL CONNECTION, INC.

477 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

*Called Capital Connection (Alice)
 gave auth to total the amt.
 of contribution.*

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JUL 10 PM 3:42

*285.00 F.F.
 52.50 C.C.
 337.50
 7/10/95*

REQUEST TAKEN CONFIRMED APPROVED
 DATE _____
 TIME _____ CK No. _____
 BY *BH* _____

WALK-IN Will Pick Up *7.10 12pm*

RE: *KSCB Records*

C.C. FEE DISBURSED

☒ Capital Express™
☒ Art of Inc. File
☐ Corp. Record Search
☐ Ltd. Partnership File
☐ Foreign Corp. File
☒ () Cert. Copy(s)
☐ Art of Amend. File *400001533254*
☐ Dissolution/Withdrawal *-07/02/95--010/04--011*
☐ C U S- *****122.50 ****122.50*
☐ Fictitious Name File *500001537895*
☐ Name Reservation *-07/04/95--010/07--013*
☐ Annual Report/Reinstatement *****215.00 ****215.00*
☐ Reg. Agent Service
☐ Document Filing
☐ Corporate Kit
☐ Vehicle Search
☐ Driving Record
☐ Document Retrieval
☐ UCC 1 or 3 File
☐ UCC 11 Search
☐ UCC 11 Retrieval
☐ File No.'s, _____ Copies
☐ Courier Service
☐ Shipping/Handling
☐ Phone () _____
☐ Top Priority
☐ Express Mail Prep.
☐ FAX () _____ pgs.

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit Invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

ARTICLES OF ORGANIZATION
OF
KSCR REALTY, L.C.

FILED
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DIVISION OF CORPORATIONS
95 JUL 10 PM 3:42

ARTICLE I

The name of the limited liability company formed hereby is KSCR REALTY, L.C.

ARTICLE II

The duration of the KSCR REALTY, L.C. shall be until December 31, 2024, unless sooner dissolved.

ARTICLE III

The mailing address and street address of KSCR REALTY, L.C. is:

c/o Kendall Swedish Car Repair, Inc.
12460 S.W. 128 Street BAY #1
Miami, Florida 33186

ARTICLE IV

The Registered Agent of KSCR REALTY, L.C. and his address in the State of Florida is:

Fred K. Lickstein
Semet, Lickstein, Morgenstern, Berger
Friend, Brooke & Gordon, P.A.
201 Alhambra Circle, Suite 1200
Coral Gables, Florida 33134

ARTICLE V

The Members may admit additional Members with the approval of all of the Members, on such terms and conditions as may be approved by all of the Members and the additional Member to be admitted.

ARTICLE VI

The remaining Members of KSCR REALTY, L.C. have the right to continue the business of KSCR REALTY, L.C. upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued Membership of a Member in KSCR REALTY, L.C.

ARTICLE VII

KSCR REALTY, L.C. may engage in any lawful business permitted by the laws of the State of Florida or the laws of any jurisdiction in which the company is permitted to do business.

ARTICLE VIII

KSCR REALTY, L.C. is to be managed by its Members:

Frank Marchetti
11362 SW 129th
Miami Fla 33186

Albert Moretti
P.O. Box 160172
MIAMI, FL 33116

Frank Marchetti
Frank Marchetti

Albert Moretti
Albert Moretti

AFFIDAVIT OF MEMBERSHIP
AND CONTRIBUTIONS

STATE OF FLORIDA

COUNTY OF DADE

The undersigned, Frank Marchetti and Albert Moretti, Members of KSCR REALTY, L.C., each deposes and says:

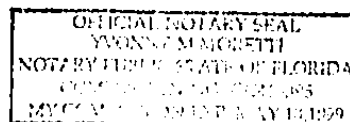
1. The above-named limited liability company has at least two Members.
2. The total amount of cash contributed by the members is \$ 25,000.
3. The agreed value of property other than cash contributed by Members is \$ 0 -.
4. The total amount of cash anticipated to be contributed by Members in the future is \$ 7,500.⁰⁰. The total amount of 2 and 4 is \$ 32,500.00.

Frank Marchetti
Frank Marchetti, Member

✓ Albert Moretti
Albert Moretti, Member

SWORN TO AND SUBSCRIBED BEFORE ME, this 6 day of July, 1995.

Yvonne M. Moretti
Notary Public, State of Florida



CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 10 PM 3:42

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is KSCR REALTY, L.C.
2. The name and address of the Registered Agent and office is:

Fred K. Lickstein
Semet, Lickstein, Morgenstern, Berger
Friend, Brooke & Gordon, P.A.
201 Alhambra Circle, Suite 1200
Coral Gables, Florida 33134

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.


Fred K. Lickstein, Registered Agent


Date: 7-6-95

KSCR REALTY, L.C.

By 
Frank Marchetti, Member

✓ By 
Albert Moretti, Member

2nd NOTICE: Limited Liability Company Will Be Dissolved On Or After August 21, 1996, If Dissolved, Minimum Amount Due To Reinstato: \$730.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1996		 FLORIDA DEPARTMENT OF STATE Sandra D. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE \$ 263.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company KSCR REALTY, L.C. % KENDALL SWEDISH CAR REPAIR, INC. 12460 S.W. 128 STREET BAY #1 MIAMI FL 33186		DOCUMENT # L95000000528 1a. Principal Place of Business Address % KENDALL SWEDISH CAR REPAIR, 12460 S.W. 128 STREET BAY #1 MIAMI FL 33186	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a			
2. Principal Place of Business Same AS Above Suite, Apt. #, etc.		2a. Mailing Address Same AS Above Suite, Apt. #, etc.	
3. Date Organized or Qualified 07/10/1995		3a. State of Formation FL	
4. FEI Number 65-0602669		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$ 75 Additional Fee Required	
7. Name and Address of Current Registered Agent DICKSTEIN, FRED K 201 ALHAMBRA CIRCLE, SUITE 1200 CORAL GABLES FL 33134		8. Name and Address of New Registered Agent Name: Lickstein, Fred K Street Address (P.O. Box Number is Not Acceptable): Same AS OLD Agent 201 Alhambra Circle, Suite 1200 Suite, Apt. #, etc.: Coral Gables Fla 33134 City: FL Zip Code:	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE: <i>F. J. Marchetti</i> , <i>Albert Moretti</i> <small>(Registered Agent Accepting Appointment) (If 311 Registered Agent signature required when re-appointing)</small>		DATE: 6-4-96	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MARCHETTI, FRANK	1362 SW 129TH COURT	MIAMI FL
MGRM	MORETTI, ALBERT	P.O. BOX 160172	MIAMI FL
			400001873344 -06/25/96--01002--020 ****263.75 ****263.75
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>F. J. Marchetti</i> , <i>Albert Moretti</i>		DATE: 6-4-96	