L25000008312

Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number      : (850)617-6381

From:
        Account Name    : VIGO & VIGO CPA LLP
        Account Number  : I20240000170
        Phone           : (305)266-1812
        Fax Number      : (305)226-5758
```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: VIGOVIGOCPA@AOL.COM

FLORIDA LIMITED LIABILITY CO.
PRISTINE AUTO CENTER LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

PRISTINE AUTO CENTER LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2310 PALM AVE	2310 PALM AVE
HIALEAH, FL 33010	HIALEAH, FL 33010

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(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.)

The name and the Florida street address of the registered agent are:

DAVID VALDES
Name

8277 SW 110 TERRACE
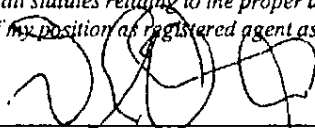Florida street address (P.O. Box **NOT** acceptable)

MIAMI	FL	33156
City		Zip

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)

(CONTINUED)

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ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	<u>Name and Address:</u>
MGR	PIA VALDES
	8277 SW 110 TERRACE
	MIAMI, FL 33156
MGR	DAVID VALDES
	8277 SW 110 TERRACE
	MIAMI, FL 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (OPTIONAL)

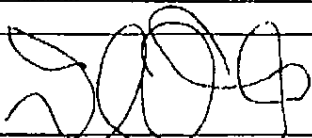(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

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.

DAVID VALDES
Typed or printed name of signee

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