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Division of Corporations

Fax Number

: (850)617-6381

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Account Name : RASI 5

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**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. LEGENDARY AUTO LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name.	A	R	Ή	(C)	.E	Ι-	Na	me.
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The name of the Limited Liability Company is:

LEGENDARY AUTO 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:

5550 E MICHIGAN ST, APT 1125	
ORLANDO, FL 32822	_

5550 E MICHIGAN ST, APT 1125 ORLANDO, FL 32822

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:

HEURY	S	RODRIGU	IEZ PINA
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Name

5550 E MICHIGAN ST. APT 1125

Florida street address (P.O. Box NOT acceptable)

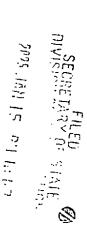
ORLANDO,	FLORIDA	32822
City	State	Zip

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..

/s/ HEURY S RODRIGUEZ PINA

Registered Agent's Signature (REQUIRED)

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To:

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	HEURY S RODRIGUEZ PINA 5550 E MICHIGAN ST, APT 1125 ORLANDO, FL 32822
(Use attachment if necessary)	
(If an effective date is listed, the date must b the date of filing.)	date of filing: <u>Upon filing</u> . (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
/s/ HEURY S RODE	RIGUEZ PINA
This document is contained that any	a member or an authorized representative of a member. Executed in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
HEURYSR	ODRIGUEZ PINA

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)