



Phone: (503) 986-2200
Fax: (503) 378-4381

Articles of Organization—Limited Liability Company

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

FILED

APR 28 2008

OREGON
SECRETARY OF STATE

REGISTRY NUMBER:

516388-99

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In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME OF LIMITED LIABILITY COMPANY (Must contain the words "Limited Liability Company" or the abbreviations "LLC" or "L.L.C.")

Pacific Auto ~~LLC~~ LLC

2) DURATION (Please check one.)

☐ Latest date upon which the Limited Liability Company is to dissolve is _____

☒ Duration shall be perpetual.

3) NAME OF THE PERSON WHO WILL ACCEPT LEGAL SERVICE FOR THIS BUSINESS (INITIAL REGISTERED AGENT)

Jose H. Herrera

4) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS (Must be an Oregon Street Address, which is identical to the registered agent's business office.)

Jose H. Herrera
945 Sand Piper CT NE
Salem, OR 97301

5) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES

200 N. Pacific Hwy 99
Woodburn OR 97071

6) NAME AND ADDRESS OF EACH PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER)

JOSE H. HERRERA 945 Sand Piper CT NE
ELEAZAR LANDERO
486 Michigan City Ln NW Salem 97304

7) IF THIS LIMITED LIABILITY COMPANY IS NOT MEMBER MANAGED, CHECK ONE BOX BELOW.

☐ This limited liability company is managed by a single manager.

☐ This limited liability company is managed by multiple manager(s).

8) IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.

9) OPTIONAL PROVISIONS (Attach a separate sheet if necessary.) ☐

(OPTIONAL) LIST MEMBERS AND/OR MANAGERS NAMES AND ADDRESSES

10) OWNERS (MEMBERS) (Names and Street address)

11) MANAGERS (MANAGERS) (Names and Street address)

12) EXECUTION/SIGNATURE OF THE PERSON WHO IS FORMING THIS BUSINESS (ORGANIZER) (The title for each signer must be "Organizer.")

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature

Printed Name

Title

Jose H. Herrera

Eleazar Landero
Jose H. Herrera

Organizer

Organizer

Organizer

Organizer

13) CONTACT NAME (To resolve questions with this filing.)

Eleazar Landero

DAYTIME PHONE NUMBER (Include area code.)

503. 489.0920

FEES

Required Processing Fee \$50
Confirmation Copy (Optional) \$5

Processing Fees are nonrefundable.

Please make check payable to "Corporation Division."

NOTE:

Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted

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OREGON SECRETARY OF STATE



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