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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160

Phone : (800)494-3124 Fax Number ; (561)455-9885

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

Emmil Address:

FLORIDA LIMITED LIABILITY CO. CMJ EXPRESS LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

CMJ EXPRESS LLC

SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

6205 JOHNS ROAD, STE 2 TAMPA, FLORIDA 33634

ARTICLE III REGISTERED AGENT. REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

CARLOS M PEREZ 6205 JOHNS ROAD, STE 2 TAMPA, FLORIDA 33634

Having been named as registered agent 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 608, F.S.

ARLOS M PEREZ / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MANAGERS (optional)

MANAGER MANAGER

CARLOS M PEREZ OLGA M PEREZ

6205 JOHNS ROAD, STE 2 6205 JOHNS ROAD, STE 2 TAMPA, FLORIDA 33634 TAMPA, FLORIDA 33634

ARTICLE V MEMBERS (optional)

MEMBER MEMBER

CARLOS M PEREZ JUAN PEREZ

6205 JOHNS ROAD, STE 2 6205 JOHNS ROAD, STE 2

TAMPA, FLORIDA 33634 TAMPA, FLORIDA 33634

MEMBER

MITCH DRUCKER

6205 JOHNS ROAD, STE 2

TAMPA, FLORIDA 33634

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

CARLOS M PEREZ