

L11000101251

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000217944 3)))



H110002179443ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

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

Email Address: _____

RECEIVED
11 SEP -2 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
ALLEXPEDITIONS LLC**

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

D. BRUCE
SEP 06 2011
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H 1 1 0 0 0 2 1 7 9 4 4

**ARTICLES OF ORGANIZATION
FOR A FLORIDA LIMITED LIABILITY COMPANY**

ALLEXPEDITIONS LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

ARTICLE I - Name:

The name of the Limited Liability Company shall be: **ALLEXPEDITIONS LLC**

ARTICLE II - Principal Place of Business:

The principal place of business and the mailing address of this Limited Liability Company shall be:

139 NE 1st Street PH16
Miami, FL 33132

ARTICLE III - Duration:

The Limited Liability Company should have perpetual existence.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed Company. The Managers are:



Maria Isabel Portilla
139 NE 1st Street PH16
Miami, FL 33132



Alina Sofia Baur
139 NE 1st Street PH16
Miami, FL 33132

ARTICLE V - Initial Registered Agent and Street Address:

The name and street address of the initial registered agent is:

Maria Isabel Portilla
139 NE 1st Street PH16
Miami, FL 33132

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 such capacity. I further agree to comply with the provisions of all statutes relating to the property 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.



Maria Isabel Portilla
Registered Agent's Signature

FILED
11 SEP -2 AM 9:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

H 1 1 0 0 0 2 1 7 9 4 4