

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone 1 (305)634-3694

Fax Number : (305)633~9696

LIMITED LIABILITY COMPANY

LUGAS EXPRESS, L.L.C.

Certificate of Status	O
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

IVISION OF CORPORATION



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

LUGAS EXPRESS, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall be: LUGAS EXPRESS, L.L.C.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 1870 NORTHWEST 141ST AVENUE, PEMBROKE PINES, FL 33028.

ARTICLE IV

The name and the Florida street address of the registered agent are: LAURA SCHANTZ, ESQ., 1565 NORTH PARK DRIVE, SUITE 100, WESTON, FL 33326.

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

> LUGAS EXPRESS, L.L.C. (Name of Company)



Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Actin

Signature of a mamber by an authorized representative of a mamber

(in accordance with section 608.408(3), Floride Statum, the execution of this doctament constitutes an efficient under the penalties of parinty that the facts stated backs are into.)

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