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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305) 358-2571
Fax Number : (305) 373-7718

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL 31 PM 3:32

FILED

LIMITED LIABILITY COMPANY

GLOBAL EXPRESS TITLE, LLC

DIVISION OF CORPORATION

03 JUL 31 PM 2:43

RECEIVED

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

03-28179
OK

403-244700

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Global Express Title, LLC

ARTICLE II - Address:

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

Principal Office Address:

Angel Francisco Condom, P.A.
419 W 49th Street, Suite 220
Hialeah, Florida 33012

Mailing Address:

Global Express Title, LLC
419 West 49th Street, Suite 220
Hialeah, Florida 33012

03.07.01 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Angel Francisco Condom

Name

419 West 49th Street, Suite 220

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

Hialeah FL 33012

City, State, and 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 608, F.S.



Registered Agent's Signature

(CONTINUED)

403-244700

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Angel Francisco Condom

418 West 49th Street, Suite 220

Hialeah, Florida 33012

Angel Francisco Condom

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Angel Francisco Condom

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

H03-244700