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(Requestor's Name)				
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SCURLINGSEE, FLORIG.

TRANSMITTAL LETTER

Division of Corporations	<u> </u>
SUBJECT: XPRESSTEE (Name of Limited Li	
The enclosed Articles of Organization and fee(s) a	are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
RODNEL MICHEL (Name of Person)	- -
XPRESSTEE L.L.C (Firm/Company)	D3 OC:
6407 BRAEBURN (Address)	D3 OCT -3 AM 9:50 LLAHASSEE, FLORIG
NORTH LAUDERDALE, FL 330 (City/State and Zip Code)	68 50.
For further information concerning this matter, ple	ase call:
RODNEL MICHEL at (Name of Person)	954) 984-2713 (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassec, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
XPRESSTEE L.L.C.	-			
ARTICLE II - Address:				
The mailing address and street address of the prin	ncipal of	fice of the Li	mited Liabilit	y Company is:
Principal Office Address:]	Mailing Add	ress:	
6407 BRAEBURN	· <u>·</u>	6407	BRAEBU	RN
NORTH LANDERDALE, FL. 33068		NORTH L	<i>qunERDAL€</i> ,	FL. 33068
The name and the Florida street address of the response of the	Box NOT	acceptable)	 	03 OCT -3 AM
NORTH LAUDERDALE, City, State, and	ور d Z ip	2068	-	6: 2
Having been named as registered agent and to accliability company at the place designated in this ce registered agent and agree to act in this capacity. statutes relating to the proper and complete perfor accept the obligations of my position as registered Agent's Registered Agent's	ertificate, I further mance o l agent as	I hereby acc agree to com f my duties, a provided for	ept the appoin uply with the p nd I am famili	ntment as provisions of all iar with and

(CONTINUED)

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:			
MGRM	Rodnel Michel 6407 Braeburn North Lauderdale, FL 33068			
MGR	Charlotte Jefferson 10407 Braeburn North Lauderdale, FL 33068			
*72				
	SECTION AND AND AND AND AND AND AND AND AND AN			
(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.) Report Michel Typed or printed name of signce				
Filing Fees: Clos do Viling Fee for Articles of Organization				

\$100.00 Filing Fee for Articles of Organizs \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)