

Division of Corporations

LO4 000005526

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H04000014703 3)))

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)205-0383

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000116
Phone : (305)444-4994
Fax Number : (305)444-4977

FILED
04 JAN 21 AM 9:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY

GLOBAL EXPRESS BILLING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
04 JAN 21 PM 4:18
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing

Public Access Help

LO4-5526
JR

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Global Express Billing, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

770 Ponce de Leon Blvd
SUITE 102
Coral Gables, FL 33134

SAME

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

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

Luisa Fuentes
Name

770 Ponce de Leon Blvd #102
Florida street address (P.O. Box NOT acceptable)

Coral Gables FLORIDA 33134
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, Florida Statutes.

[Signature]
Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JAN 21 AM 9:07

FILED

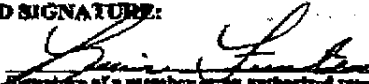
ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>LUISA FUENTES</u> <u>770 RANCHO DE LOS BLVD #102</u> <u>CORAL GABLES, FL 33124</u>
_____	_____
_____	_____
_____	_____

(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 689.408(3), Florida Statute, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LUISA FUENTES

Typed or printed name of signer

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
 - \$ 25.00 Designation of Registered Agent
 - \$ 50.00 Certified Copy (Optional)
 - \$ 5.00 Certificate of Status (Optional)

FILED
04 JAN 21 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA