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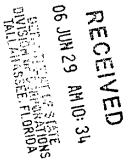
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SECRETARY OF STATE

# EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone #

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OFFICE USE ONLY

C	ORPORATION NAME(S) & DOC	CUMENT NUMBER(S) (if known):
1.		ines Enterprises, LLC
	(Corporation Name)	(Document #)
2.	(Corporation Name)	(Document #)
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J.	(Corporation Name)	(Document #)
4.	}.	
	(Corporation Name)	(Document #)
	Walk in Pick up time	Certified Copy
	Mail out Will wait	Photocopy Certificate of Status
	NEW FILINGS	AMENDMENTS "
	Profit	Amendment
	NanProfit	Resignation of R.A., Officer/Director
	Limited Liability	Change of Registered Agent
	Domestication	Dissolution/Withdrawal
	Other	Merger
	OTHER FILINGS	REGISTRATION/
Ì	Annual Report	QUALIFICATION

15)A5	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

Examiner's Initials

**Fictitious Name** 

Name Reservation

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AF	ľ	IC!	LE	I	- N	ame
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The name of the Limited Liability Company is:

#### **BLUE EXPRESS LINES ENTERPRISES, LLC**

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "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:
12441 NW 15TH STREET	12441 NW 15TH STREET
# 5202	# 5202
SUNRISE, FL 33323	SUNRISE, FL 33323
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)  The name and the Florida street address of the company cannot serve as its over business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature:  wn Registered Agent. You must designate an individual Granoture  of the registered agent are:
MELVIN ALEXIS C	RUZ FIG P
<del>-</del>	Name
	STREET - # 5202  street address (P.O. Box NOT acceptable)
	· · · · · · · · · · · · · · · · · · ·
SUNRISE	<sub>FL</sub> 33323
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 (REQUIRED)

(CONTINUED)
Page 1 of 2

## 

#### **REQUIRED SIGNATURE:**

to or 90 days after the date of filing.)

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.)

**MELVIN ALEXIS CRUZ** 

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)