# 10000011541

(R	equestor's Name)	<u> </u>
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PICK-UP	WAIT	MAIL
(B	usiness Entity Na	me)
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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION





# **COVER LETTER**

TO:	Registration : Division of C							
SUBJ	ECT: XPRE	SS CENTER, L					_	
	<del></del>	(Name of Resultin			Compan	y)	-	
conve		usiness Entity" into a				, and fees are submitted ility Company" in	to	
Please	return all com	respondence concerni	ng this	matter to	:			
	A	NDRES ZUNIG	iΑ					
		(Contact Person)			_		~	٥
	XPR	RESS CENTER,	INC				8	DIVIS
		(Firm/Company)					8	즐
	232 W	ASHINGTON A	/ENU	ΙE			9 i AON 9002	27
		(Address)						OR.
	HOM	ESTEAD, FL 33	030				AM 11: 25	CORPORATI
	(1	City, State and Zip Code)					<del>:</del> 2	AF.
							Ċ	25
For fu	rther informati	on concerning this m	atter, p	lease call	:			
AND	RES ZUN	IGA	at (	786	) 28	0-3562		
	(Name of Conta	act Person)		(Area Co	le and E	Daytime Telephone Number)	-	
Enclos	sed is a check t	for the following amo	unt:					
(\$25 for & \$125	.00 Filing Fees Conversion for Articles nization)	\$155.00 Filing Fees and Certificate of Status		80.00 Filir Certified Co		\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
STRE	ET ADDRES	S:		MAII	LING.	ADDRESS:		
_	ration Section					Section		
	on of Corporat	ions				Corporations		
	n Building Executive Cent	er Circle			Box 63			
	assee, FL 323			ıanar	iassee,	FL 32314		

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## **Certificate of Conversion**

For

## "Other Business Entity"

Into

# Florida Limited Liability Company

This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

	ness Entity" immediately prior to the filing of this		
Certificate of Conversion is:	XPRESS CENTER, INC		
(Enter	Name of Other Business Entity)		
2. The "Other Business Entity"	is a S CORPORATION \$05000 161059	5	
(Enter entity type. Example	corporation, limited partnership, sole proprietorship, rship, common law or business trust, etc.)	,	
first organized, formed or incor (Enter state, or if	porated under the laws of FLORIDA  Ta non-U.S. entity, the name of the country)		
on 12/27/2005	s Entity" was first organized, formed or incorporated)		
3. If the jurisdiction of the "Oth	ner Business Entity" was changed, the state or country w organized, formed or incorporated:		
N/A			
4. The name of the Florida Lim Articles of Organization:	ited Liability Company as set forth in the attached	DIVISION OF EL	
XPRESS C	ENTER, LLC	ONE CORE	
(Enter Name	of Florida Limited Liability Company)	16 37 AF	!
	Page 1 of 2	OF STATE	



5. If not effective on the date of filing, enter the effective date: 11/16/2006 (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) \_\_\_\_day of NOVEMBER 20 06/02/06 Signed this 07 Signature of Authorized Person:

Printed Name: ANDRES ZUNIGA Title: PRESIDENT

#### Fees:

Certificate of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

Page 2 of 2

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## XPRESS CENTER, 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:
232 WASHINGTON AVENUE	
HOMESTEAD, FL 33030	

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

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

MARTIN ACCOUNTING & TAX SERVICE, INC

7678 NW 186 STREET

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

MIAMI 33015

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

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

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

"MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	INTEGRO MANAGEMENT CORP	75%
	19516 SW 49 CT. MIRAMAR, FL 33029	
MGRM	JAIME HERNANDEZ	25%
	232 WASHINGTON AVENUE HOMESTEAD	O, FL 330
	(Use attachment if necessary)	
	`	
<b>LE V:</b> Effective date, if other than the NAL)	`	<del></del> ,
NAL) Nective date is listed, the date mus	the date of filing: 11/16/2006	· five
NAL) ffective date is listed, the date mus s days prior to or 90 days after the	the date of filing: 11/16/2006	five
LE V: Effective date, if other than the NAL) ffective date is listed, the date must adays prior to or 90 days after the REQUIRED SIGNATURE:	the date of filing: 11/16/2006	
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NAL) ffective date is listed, the date must days prior to or 90 days after the   REQUIRED SIGNATURE:  Signature of a member or an a   (In accordance with section 608 of this document constitutes an a	the date of filing: 11/16/2006  It be specific and cannot be more than date of filing.)  The specific and cannot be more than date of filing.)  The specific and cannot be more than date of filing.)	91 AON 9m2
NAL) Mective date is listed, the date must days prior to or 90 days after the REQUIRED SIGNATURE:  Signature of a member or an a (In accordance with section 60% of this document constitutes and a that the facts section 60% of the facts section 60	the date of filing: 11/1/6/2006  It be specific and cannot be more than date of filing.)  The specific and cannot be more than date of filing.)	

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)