189 0000 35775

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
}				

Office Use Only



500149598815

04/13/09--01044--026 **130.00



T. CLINE

APR 14 2009

EXAMINER

, COVER LETTER

TO: Registration S Division of Co			
SUBJECT: RECC	N EXPRESS LLC		
Solution.	(Name of Limited I	Liability Company)	
The enclosed Articles of	of Organization and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter t	to the following:	
ANDREW	SNEED		
	(Na	ame of Person)	
	(Fi	rm/Company)	
4130 BUD	DINGTONS LANDII	NG CT	
		(Address)	
MIDDLEB	URG, FL 32068		
	(City/St	tate and Zip Code)	_
For further information	concerning this matter, please ca	ALEC ALEC	2009
ERIK J WEHN	a	(Area Code & Daytime Telephone Number)	2009 APR 13
(Name	e of Person)	(Area Code & Daytime Telephone Number)	OF COR
Enclosed is a check for	or the following amount:	FST	PH : 3
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status of (additional copy is enclosed) Certified Copy (additional copy is enclosed)	& ·
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

lity Company, "L.L.C.," or "LLC.")
rincipal office of the Limited Liability Company is:
Mailing Address:
700 200
d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or storier registered agent are: A dress (P.O. Box NOT acceptable) 32068 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	ANDREW SNEED 4130 BUDDINGTONS LANDING CT MIDDLEBURG, FL 32068		
			
(Use attachment if necessary)		<u></u>	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)		TIONAL) Maximum 19 APR LLAHA	or ~ ~ *
REQUIRED SIGNATURE:		PR 13 PM 1:36 ETARY OF STATE HASSEE, FLORIDI	
(In accordance with sec	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)	36 RIDA	
ANDREW SN	FFD		

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)

Typed or printed name of signee