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(Address)

(City/State/Zip/Phone #)

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09 APR 22 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

APR 23 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EXPRESSO SYSTEMS LLC  
(Name of Limited Liability Company)

FILED  
09 APR 22 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONNIE SELINGER

(Name of Person)

EXPRESSO SYSTEMS LLC

(Firm/Company)

4401 NW 124th Avenue

(Address)

CORAL SPRINGS, FL 33065-7636

(City/State and Zip Code)

For further information concerning this matter, please call:

RONNIE SELINGER

(Name of Person)

at ( 954 ) 323-5500

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXPRESSO SYSTEMS LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

EXPRESSO SYSTEMS LLC

4401 NW 124th Avenue

Coral Springs, FL 33065-7636

Mailing Address:

EXPRESSO SYSTEMS LLC

4401 NW 124th Avenue

Coral Springs, FL 33065-7636

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:

RONNIE SELINGER

Name

4401 NW 124th Avenue

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

Coral Springs FL 33065-7636

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..*

X   
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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**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

RONNIE SELINGER

4401 NW 124th Avenue

Coral Springs, FL 33065-7636

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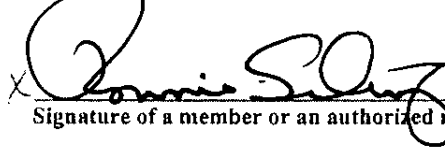
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

X 

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.)

**RONNIE SELINGER**

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)**