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EXAMINER

COVER LETTER

	TO: Registration Section Division of Corporations					
•	SUBJECT: Latin Xpress Cafe LLC Name of Limited Liability Company					
	The enclosed Articles of Organization and fee(s) are submitted for filing.					
	Please return all correspondence concerning this matter to the following:					
	Alejandro Del Real Name of Person					
	Name of Person					
	Latin Xpress Cafe LLC					
	Firm/Company					
	4341 Snoopy Lane					
	orang Dec (c.)	ಕ				
	\allahassee, FL 32303 City/State and Zip Code	0 СТ 28	QUEST!			
	Haneli V @ Jahoo . Com E-mail address: (to be used for future annual report notification)	28	Class Lacin d			
	The state of the s					
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	Alejandro E. Del Real at (856) 508-6759 Name of Person Area Code & Daytime Telephone Number	σ				
	Enclosed is a check for the following amount:					
	\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$155.00 Filing Fee & \$\sum \$160.00 Filing Fee					
Ψ	Certificate of Status Certified Copy Certificate of Status					
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)				
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:	
Latin X press Cafe 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.	ce of the Limited Liability Company is:
Principal Office Address: Mailing	Address:
4341 δroopy lane 4341 Tallahassee, FL 32303 Talla	snoopy lane hassee, FL 32303
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Registered Agent. Yo business entity with an active Florida registration.)	
The name and the Florida street address of the registered as	gent are:
Alejandro E. Del R	eal AHASS
+341 Snoopy lane Florida street address (P.O. Bo	
Tallahassee, FL FL 32 City, State, and Zip	305 30
Uming house and as a sistered and and to be a	

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)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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:** 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 hereinfare true I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee

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\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)