Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146 : (305)444-4994 Fax Number : (305)444-4977

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO. CIFE EXPRESS LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | . 03 |
| Estimated Charge | \$155.00 |

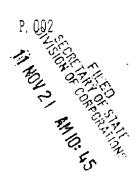
B. KOHR

NOV 21 2011 Electronic Filing Menu

Corporate Filing Menu

Help

EXAMINER



| ARTICLE i - Name: The name of the Limited Liability Compan | y is: |
|--|--|
| CIFE EXPRESS LLC | |
| (Must end with the words "Limited) | Liability Company, "L.L.C.," or "L.L.C.,") |
| ARTICLE II - Address: | |
| The mailing address and street address of the | ne principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 10904 NW 671n Sweat | 10904 NW \$7 Street |
| Dorel, FL 39178 | Dorat, Ft. 33178 |
| business entity with an active Florida registration.) The name and the Florida street address of the Laura C. Bernal | the registered agent are: |
| , w | ame |
| 10904 NW 67th S | Street |
| Florida stree | et address (P.O. Box <u>NOT</u> acceptable) |
| Dorai | _{FL} 33178 |
| City, St | ate, and Zip |
| liability company at the place dexignated registered agent and agree to act in this cap | d to accept service of process for the above stated limited I in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all te performance of my duties, and I am famillar with and |

(CONTINUED) Page 1 of 2

Registered Agent's

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|---|
| "MGRM" = Managing Memb | er · |
| MGRM | Laura C. Bernal |
| | 10904 NW 67th Street |
| | Dorai, FL 33178 |
| MGR | Jose Lopez |
| | 9288 NW 121th Street |
| | Histeen Gardens, FL 33018 |
| | |
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| The second of th | |
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| | |
| (Use attachment if necessary) | |
| | |
| | than the date of filling: (OPTIONAL |
| CLE V: Effective date, if other | |
| effective date is listed, the date | |
| effective date is listed, the date | |
| effective date is listed, the date | must be specific and cannot be more than five business days |
| effective date is listed, the date | |
| effective date is listed, the date 90 days after the date of filing.) | |

Typed or printed name of signee

Laura C. Bernal