

NOV/21/2011/MON 10:02 AM

Division of Corporations

FAX To.

P. 001

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LH000132079

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850) 617-6383

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Account Name : EXPRESS CORPORATE FILING SERVICE INC.
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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
CIFE EXPRESS LLC

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

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DIVISION OF CORPORATIONS

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NOV 21 2011

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Corporate Filing Menu

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EXAMINER

P. 002
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 21 AM 10:45

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CIFE EXPRESS 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:

10904 NW 67th Street
Doral, FL 33178

Mailing Address:

10904 NW 67 Street
Doral, FL 33178

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:

Laura C. Bernal

Name


10904 NW 67th Street

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

Doral FL 33178

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)

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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

Laura C. Bernal

10904 NW 67th Street

Doral, FL 33178

MGR

Jose Lopez

9268 NW 121th Street

Hialeah Gardens, FL 33018

(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:



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.)

Laura C. Bernal

Typed or printed name of signee