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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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T. CLINE
SEP - 7 2012
EXAMINER

COVER LETTER

TO:	Registration of	on Section f Corporations		
SUBJE	CT:	Express V	ault, LLC.	
SCHOL	···	Name of Limite	ed Liability Company	
The enc	losed Article	es of Organization and fee(s) are s	submitted for filing.	
Please re	eturn all cor	respondence concerning this matte	er to the following:	
_		HANS	BOEHM	
			Name of Person	
_			Firm/Company	
	36 FAIRBANK LANE			
			Address	
_		PALM COAST	FL 32137 //State and Zip Code - @ gmail. com	
		Citý	//State and Zip Code	
_		E-mail address: (to be used for	or future annual report notification)	
For furth	ner informati	ion concerning this matter, please	call:	
		BOEHM	at (301) 466 Area Code & Daytime Tele	-8989
	Na	me of Person	Area Code & Daytime Tele	ephone Number
Enclose	d is a check	k 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 Corporation Clifton Building 2661 Executive Center C Tallahassee, FL 32301	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Express Vault, LLC.

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

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

Mailing Address:

ARTICLE I - Name:

ARTICLE II - Address:

Principal Office Address:

The name of the Limited Liability Company is:

36 FRIRBANK Lane Palm Coast, FL 32137	36 Fairbank Lane Palm Coast, FL 3213	<u>-</u> 7
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)		
The name and the Florida street address of the regi	istered agent are:	
HANS BO	EHM	
Name		
36 Fairbank Las Florida street addres	ie	
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	
Palm Coast F City, State,	<u>IL 32137</u> and Zip	
Having been named as registered agent and to acceliability company at the place designated in this registered agent and agree to act in this capacity. It statutes relating to the proper and complete performancept the obligations of my position as register	certificate, I hereby accept the appo I further agree to comply with the pr ormance of my duties, and I am famil	ointment as rovisions of all liar with and
Registered Agent's Signature	Delin (REQUIRED)	
(CONTINUE	ED)	
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	Name and Address:		
"MGRM" = Managing Member Co - CEO	HANS BOEHM 36 Fairbank Lane Palm Coast, FL 32137		
Co-CEO	Zachary Smith 36 Fairbank lane Palm Coast, FL 32137		
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date an effective date is listed, the date must be so or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior		
REQUIRED SIGNATURE:			
<u></u>	ans Boehm		
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. 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.)

HANS BOEHM 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)