Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000281255 3)))

H120002812553ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Fax Number	: (850)617-6383	2172 3172
From:			A
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INCT	3 2
	Account Number	: I20000000019 (6)	E.,
	Phone	: (305) 552-5973	
	Fax Number	: (305)220-1440	2 36
		en de la companya de La companya de la companya de	<i>O</i>
ntar th	o email address	for this business entity to be used for it	n gg

FLORIDA LIMITED LIABILITY CO. CROSSING TRUCKING EXPRESS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

T. CLINE

DEC - 3 2012

EXAMINER

12 NOV 30 PH 2: OF SECRETARY OF STATE ALL AHASSEE, FLORIC

Electronic Filing Menu

Corporate Filing Menu

Help

H12000281255

ARTICLES OF OR	GANIZATION FO	R FLORIDA L	IMITED LIABILIT	Y COMP	ANY
	nited Liability Compa	•			
CROSSI	NG TRU	cking	EXPRES	<u>S,</u>	در
ARTICLE II - Add	ress:		ice of the Limited Liab	-1	
Principal Office Ac	Idress: NW 112		Address: SAME		280730
HIALET	TH GAND	NS FZ		17 CA	
(The Limited Liability Cor	gistered Agent, Reginpany cannot serve as its own tive Florida registration.)	stered Office, & n Registered Agent. Y	Registered Agent's Sou must designate an individu	Signature:	26
The name and the F	lorida street address o	of the registered a	gent are:		
:	LEONAR	DO AL	VANEZ		
•		Name			
	13900	NW 1	12 AVE		
•	Florida st		ox NOT acceptable)		
•		/ ータグペノンと・人	/ \		

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) Page 1 of 2

H12000281255

H12000281255

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Leonardo ALVAREZ 13900 NW 1/2 AVE Hialean FL 33018
<u> </u>	
<u> </u>	
	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
(Use attachment if necessary)	
LE V: Effective date, if other than the defective date is listed, the date must be days after the date of filing.)	specific and cannot be more than five business days
days areer one date or ming.)	
REQUIRED SIGNATURE: O_ Signature of a member	or an authorized representative of a member.
REQUIRED SIGNATURE: O_ Signature of a member	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury projn are true.)

Page 2 of 2