#1045 P.001/003 tmtps://etile.sumbiz.org/scripts/efficovr.exe

## Electronic Filing Cover Sheet

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.

(((H12000283624 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Email Address:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

Phone : (305)552-5973 Fax Number : (305)220-1440

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

FLORIDA LIMITED LIABILITY CO. EXPRESS SERVICE LOGISTIC, LLC

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

B. KOHR

DEC -5 2012

EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLE I - Name:

## H12000283624

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limi	ted Liability Company is:	. /	
EXPRES	SERVICE A	Logistic,	11C
(Must c	nd with the words "Limited Liability	y Company, "L.L.C.," or "LLC	(")
ARTICLE II - Addr The mailing address a	ess: and street address of the pri	ncipal office of the Lim	ited Liability Company is:
Principal Office Add	iress:	Mailing Address:	• •
6535 NW	84 AVR VATAB	SAME	<del></del>
(The Limited Liability Comp business entity with an acti	orida street address of the re SANDRA CRISTINA Name	ered Agent. You must designate egistered agent are:  19 PAZ-URDANE	; an individua) or another
_	7330 G.W 10.	5 texe.	
_		ress (P.O. Box NOT accepts	able)
<u></u> .	MIAWI FI	FL 33156	<del>-</del>
	City, State, a	nd Zip	
liability company registered agent and	at the place designated in the	his certificate, I hereby a v. I further agree to com	ply with the provisions of all

.

(CONTENUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

H12000283624

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

## H12000283624

ARTICLE IV- Manager(s) or Managing Member(s):

Title: "MGR" = Manage: "MGRM" = Manage:		Name and Address:
MGR	smg wember	SANDRA CRISTINA PAZ-URDA 7330 SW 105 TERRA
16RM	_ ·	ERIKA MILLONI 10701 SUL TANE NIMUN, HORIOR 33176
	<del>-</del>	
(Use attachment if	necessary)	
LE V: Effective da fective date is liste	ate, if other than the dated, the date must be sp	te of filing: (OPTIONAl pecific and cannot be more than five business day
LE V: Effective da fective date is liste days after the date	ate, if other than the dated, the date must be specific of filing.)	
LE V: Effective da fective date is liste days after the date	ate, if other than the dated, the date must be specific of filing.)	pecific and cannot be more than five business day
LE V: Effective da fective date is liste days after the date	nte, if other than the dated, the date must be specification.)  NATURE:  Sandial	pecific and cannot be more than five business day
fective date is liste days after the date REQUIRED SIG	nte, if other than the dated, the date must be specification.  NATURE:  Signature of a member of this document constitute that the facts stated here.	r an authorized representative of a member.  10 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

H12000283624