

L14000020224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

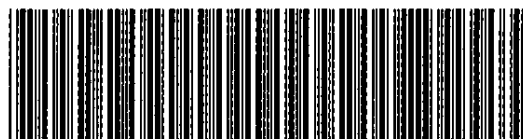
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 5 2014

T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PRESS XPRESS SERVICES, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Einhorn

Name of Person

Zarco Einhorn Salkowski & Brito, P.A.

Firm/Company

Miami Tower, 100 S.E. 2nd Street, 27th Floor

Address

Miami, Florida 33131

City/State and Zip Code

reinhorn@zarcolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Einhorn

Name of Person

at ( 305 ) 374-5418

Area Code

Daytime Telephone Number

Enclosed is a check 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ZARCO EINHORN SALKOWSKI & BRITO

PROFESSIONAL ASSOCIATION  
ATTORNEYS AT LAW

ALEJANDRO BRITO  
ANDRE DREYFUSS  
ROBERT M. EINHORN  
KAARI-LYNN S. GAGNON  
LEON F. HIRZEL IV  
HIMANSHU M. PATEL  
DEVONA A. REYNOLDS  
ROBERT F. SALKOWSKI\*  
ALISSA SHAPIRO  
ROBERT ZARCO

MIAMI TOWER  
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27TH FLOOR  
MIAMI, FLORIDA 33131

MIAMI  
TELEPHONE (305) 374-5418  
TELEFAX (305) 374-5428

WEST PALM BEACH  
TELEPHONE (561) 721-2861  
INTERNET [www.zarcolaw.com](http://www.zarcolaw.com)

January 29, 2014

\*ALSO ADMITTED TO PRACTICE IN NJ

## Via U.S. Mail

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

Re: *PressXpress Services, LLC*

To whom it may concern:

Pursuant to the instructions listed on the Florida Department of State website for the formation of a Florida Limited Liability Company, enclosed please find the Articles of Organization and check for \$160.00 payable to the Florida Department of State. Should you require any further information, please do not hesitate to contact our office at the phone number provided above.

Thank you for your attention to this matter.

Very truly yours,

MORGAN GELLER

*for Morgan Geller*

cc: Carlos Salaverria (via email)

*[Faint, illegible text, likely a carbon copy or bleed-through from the reverse side of the page.]*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRESS XPRESS SERVICES, 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:

Mailing Address:

8040 NW 90th Street

Medley, Florida 33166

8040 NW 90th Street

Medley, Florida 33166

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:

Robert Einhorn, Esq., ZARCO EINHORN SALKOWSKI & BRITO, P.A.

Name

Miami Tower, 100 Southeast 2nd Street, 27th Floor

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

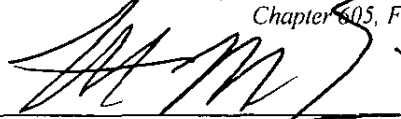
Miami

FL 33131

City

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 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 FEB - 3 PM 2:55  
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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Carlos W. Salaverria

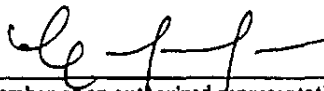
8040 NW 80th Street, Medley, Florida 33168

(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.)

**ARTICLE VI:** Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

Carlos W. Salaverria

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)