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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 at (305) 374-5418
Name of Person — 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)
- [x] $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

*ALSO ADMITTED TO PRACTICE IN NJ

MIAMI TOWER
100 SOUTHEAST 2ND STREET
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

January 29, 2014

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,

for Morgan Geller

MORGAN GELLER

cc: Carlos Salaverria (via email)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

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TALLAHASSEE, FLORIDA

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	8040 NW 90th Street
Medley, Florida 33166	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)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Carlos W. Salaverria 8040 NW 90th Street, Medley, Florida 33166

(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)