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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: Red Lion XPress LLC Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Aubrey Lundy II	Name of Person	
	Red Lion XPress LLC	Firm/Company	·
		гити С отрану	
	201 Shady Place Αρt #7	Address	
	Daytona Beach, FL 32114	City/State and Zip Code	
<u>Au</u>	ubreyLundyll@yahoo.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
Aubrey	Lundy II at (at (305) 766 - 9885 Area Code Daytime Te	lephone Number
_	ed is a check for the following amount: 0 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 Add: Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	15 JUL 27 AH 8: 05
The name of the Limited Liability Company is:	SECNETANT IT STATE TALLAHASSEE, FLORIDA
Red Lion XPress LLC	<u>, </u>
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
201 Shady Place Aの生行 Daytona Beach, FL 32114	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or)
The name and the Florida street address of the registered a	gent are:
Aubrey Lundy II Name	
201 Sharty Place Apple 并行	
201 Shady Place Apt ±17 Florida street address (P.O. Box M	NOT acceptable)
Daytona Beach	FL 32114 Zip
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Registered Agent's Signatu	(KEQUIRED)
(CONTINUE)	D)

Page 1 of 2

[Itle: AMBR" = Authorized Men MGR" = Manager MGR	Name and Address: Aubrey Lundy II 201 Shady Place Apt #7 Daytona Beach, FL 32114
	
Use attachment if necessary	
V: Effective date, if other t	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or
V: Effective date, if other titve date is listed, the date filing.)	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or
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