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SECRETARY OF STATE
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COVER LETTER

10:	Registration Section Division of Corporations			
CUDIE	Makar ExpressServices LLC.			
SUBJE	Name of Limi	ted Liability Cor	npany	
The enc	nclosed Articles of Organization and fee(s) are	submitted for fill	ing.	
Please	return all correspondence concerning this mat	er to the followi	ng:	
	Adel A. Makar			
		Name of Person	1	· · · · · · · · · · · · · · · · · · ·
	Makar Express Services LLC.			
		Firm/Company	,	
	14565 117th Ave North			
		Address		·
	Largo Florida 33774			
	Ci MAKAREXPRESSSERVICES@GMAII	y/State and Zip (COM	Code	
	E-mail address: (to be used to	or future annual	report notificati	on)
For furth	her information concerning this matter, please	call:		
	Adel Makar 81.		-3391	
			ytime Telephone	e Number
Enclose	sed is a check for the following amount:			
\$125.0	00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	_{py} L	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	New I Divisi Clifto 2661	t Address Filing Section ion of Corporation Building Executive Center hassec, FL 3230	er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TIC	LE	[- N	ame
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The name of the Limited Liability Company is:

MAKAR EXPRESS 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:

14565 117th Ave North	14565 117th Ave North
Largo, FL 33774	Largo, FL 337/4

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:

Adel A. Makar		
	Name	
14565 117th Ave N	orth	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Largo	FL	33774
City	State	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)

Page 1 of 2

SECRETARY OF STATE

"AMBR" = Manager MGR Adel Makar 14555 117th Ave North Largo, FL 33774 [Use attachment if necessary] E V: Effective date, if other than the date of filing:	Title:	2 - 1 1 ()	Name and Address:
Add Makar 14565 117th Ave North Largo, FL 33774 (Use attachment if necessary) E V: Effective date, if other than the date of filing:			
(Use attachment if necessary) E V: Effective date, if other than the date of filing:	"MGR" = Manage MGR	r	Adel Makar
(Use attachment if necessary) E V: Effective date, if other than the date of filing:			14565 117th Ave North
E V: Effective date, if other than the date of filing:			Largo, FL 33774
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Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Adve. MAICAR	EV: Effective da	te, if other than the date of fili	ing: (OPTIONAL) and cannot be more than five business days prior to or 90
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-