Division of Corporations 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.

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| | Division of Cor | porations | <i>~</i> | ;æ :≺ | <u> </u> |
| | | : (850)617-6381 | سَيَ | ģ, | - |
| From: | | | <u>, 73</u> | S | X |
| | Account Name | : LAZARUS CORPORATE FILING SERVICE, | TNC S | 3 4 | ڣ |
| | Account Number | : I20000000019 | - 3 | <u> </u> | V |
| | Phone | : (305)552-5973 | 77 | · ' # | - |
| | Fax Number | : (305)675-5944 | | | |

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

Email Address:___

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FLORIDA LIMITED LIABILITY CO. JOSE COURIER SERVICES LLC

| Certificate of Status | 1 |
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June 1, 2018

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: JOSE COURIER SERVICES LLC

REF: W18000051534

We have received your document for JOSE COURIER SERVICES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II FAX Aud. #: H18000165786 Letter Number: 818A00011390

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ARTICLES OF ORGANIZATION UN -1 AM 9: 24 FOR SECRETARY OF STATE FLORIDA LIMITED LIABILITY COMPASSES. FLORIDA

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|--|
| LOSE COURIER SE NUICES 11C |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| 4920 SW 89 PL. MiAMi F/ 33165 |
| <i>J</i> '' |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.) |
| José Emilio Magdalena |
| 4920 SW 89 PL |
| Miami FL 33165 |
| ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) |
| Jose Emilio Magdalena |
| (AMBR) |
| |
| |
| |
| |

H18000165786

Required Signatures:

Signature of a member of an authorized representative of a main 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 RECONSTITUTES a third degree felony as provided for in s.817.155, F.S.

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 Age ut's Signature (REQUIRED)

> > Page 2 of 2