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T SCHROEDER

CORPORATE ACCESS, INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 WALK IN PICK UP:

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1.		DL EXPLESS TYPOSPORT LLC (CORPORATE NAME AND DOCUMENT #)		
2.		(CORPORATE NAME AND DOCUMENT #)		
3.		(CORPORATE NAME AND DOCUMENT#)		
4.		(CORPORATE NAME AND DOCUMENT #)		
5.		(CORPORATE NAME AND DOCUMENT #)		
6.		(CORPORATE NAME AND DOCUMENT #)		
SPEC	SPECIAL INSTRUCTIONS:			

ARTICLE OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Limited Liability Company is:

DL EXPRESS TRANSPORT LLC

ARTICLE II.

The address and street address of the principal office of the Limited Liability Company is:

3300 NE 192ND ST APT. 1014

AVENTURA FL 33180

The mailing address of the Limited Liability Company is:

3300 NE 192ND ST APT.1014

AVENTURA FL 33180

ARTICLE III.

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV.

The name and the Florida street address of the registered agent are:

LOZINSCHI, DORIN

3300 NE 192ND ST APT. 1014

AVENTURA FL 33180

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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.

- North

5/29/2018

Registered Agent's Signature

Date:

ARTICLE V.

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title: MGRM

LOZINSCHI, DORIN

3300 NE 192ND ST APT. 1014

AVENTURA FL 33180

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ARTICLE VI.

The effective date of opening shall be June 1st, 2018.

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.

(Natur) 5/29/2018

Signature of a member or an authorized representative of a member.

DOBIN LOSINSCHI

Typed or printed name of signee

Date

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