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Certified Copies	Certificates of	Status
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT	NO.	:	I20000000195
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REFERENCE : 529720 5015777

AUTHORIZATION :

end COST LIMIT : 5.00

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ORDER DATE : December 11, 2018

ORDER TIME : 3:24 PM

ORDER NO. : 529720-015

CUSTOMER NO: 5015777

## DOMESTIC FILING

NAME : EXPRESS MANAGEMENT FLORIDA WEST, LLC

### EFFECTIVE DATE:

	ARTICLES OF	INCORPORATION
<u> </u>	CERTIFICATE	OF LIMITED PARTNERSHIP
<u>XX</u>	ARTICLES OF	ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX \_\_\_\_ PLAIN STAMPED COPY \_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS:

# COVER LETTER

· · ·

	egistration Section vision of Corporations		
SUBJECT	Express Management Florida We	st, LLC	
SUBJECT		Limited Liabil	ity Company
The enclose	ed Articles of Organization and fee(s	) are submitted	for filing.
Please retur	m all correspondence concerning this	s matter to the i	following:
	Heidi I. Hansen		
		Name of	Person
	Fein, Such, Kahn & Shepard, P.C.		
		Firm/Co	mpany
	7 Century Drive, Suite 201		
		Addı	ess
	Parsippany, New Jersey 07054		
	beneh@expmgnt.com	City/State ar	d Zip Code
		ised for future a	annual report notification)
For further is	nformation concerning this matter, pl	lease call:	
	Heidi I. Hansen	973	867-4560
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 Fi	iling Fee \$130.00 Filing Fee & Certificate of Status	: LCertif	00 Filing Fee & S160.00 Filing Fee, ied Copy Certificate of Status & (al copy is enclosed) Certified Copy (additional copy is enclosed
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE1 - Name:

The name of the Limited Liability Company is:

Express Management Florida West, LLC

(Must contain 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:

# 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:

	Name	
801 North Congress	Avenue, Space #75:	3
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
Boynton Beach	FL	33426

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)

Edward Rosero

(CONTINUED)

Page 1 of 2



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company;

<u>Title:</u> "AMBR" = Authorized Memb <del>e</del> r	Name and Address:
"MGR" = Manager	
MGR	Ronald Lubin
	801 North Congress Avenue, Space #753
	Boynton Beach, Florida 33426
MGR	Marc Lubin
<u>_</u> _	801 North Congress Avenue, Space #753
	Boynton Beach, Florida 33426
MGR	Edward Rosero
	801 North Congress Avenue, Space #753
	Boynton Beach, Florida 33426
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.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

**REOUIRED SIGNATURE;** 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. Edward Rosero Typed or printed name of signee Filing Fees: œ \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent DEC 11 AH 91 35 \$ 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional) IL ED Page 2 of 2