

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

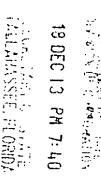
Office Use Only

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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Cash Express ATMS LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TIA MCKINNEY Name of Person
Firm/Company
3800 Burton Road
Malabar, Florida 32950  City/State and Zip Code C
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TIAMCKIMEY at (32) 408-1494  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{St55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \$160.00 Filing Fee, \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

## Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

## Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.C.."

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

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

Principal Office  IN MCKINNE  3800 Burton R  Malabar, FL	Address: CY Cad 32950	Mailing Addre TIU MCK 3800 BLYTT MUUDOU, F	inney on godd -L 32950
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot so another business entity with an active Flor	rve as its own Registered	**	lividual or
The name and the Florida street address of	the registered agent are:	inney	
	3800 BUTO	r Road	
Florida 	a street address (P.O. Box	NOT acceptable) FL 32950	
	City State	Zip	
Having been named as registered agent and place designated in this certificate. I hereby of further agree to comply with the provisions of am familiar with and accept the obligations of	accept the appointment as If all statutes relating to the	registered agent and agree to act in e proper and complete performance	n this capacity. I e of my duties, and I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMDILIMGR	TIA MCKINILLY 3800 BUTTON ROAD	
	malabar, FL 32.950	
(Use attachment if necessary)		
(Ose attachment if necessary)		
effective date is listed, the date must be so e of filing.)  If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not	•
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ARTICLE IV-