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.

(((H190000131543)))



H190000131543ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Prom:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178

: (214)317-4754 Fax Number

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

Email Addro	Address:			

FLORIDA LIMITED LIABILITY CO. LOOZY EXPRESS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile-sambiz.org/scmpts/efileov:-exe

To: 18506176381 From: 14694451465 Date: 01/14/19 Time: 9:57 AM Page: 02/03

(((H190000131543)))

mCP chayed lik

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

LOOZY EXPRESS, LLC

ARTICLE II
Address

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

Principal Office Address:

Malling Address:

3340 NE 190<sup>th</sup> Street, #1105 Aventura, FL 33180 3340 NE 190<sup>th</sup> Street, #1105 Aventura, FL 33180

## ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature

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

Ira R. Shapiro 16375 NE 18<sup>th</sup> Avenue, Suite 225 North Miami Beach, FL 33162

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.

Ira R. Shapiro, Registered Agent

To: 18506176381 From: 14694451465 Date: 01/14/19 Time: 9:57 AM Page: 03/03

(((H19000013154 3)))

## ARTICLE IV Management

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

## ARTICLE V Persons Authorized to Manage and Control

The name and address of each person authorized to manage and control the Limited Liability Company are as follows:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Shady Al-Zubi 3340 NE 190<sup>th</sup> Street, #1105 Aventura, FL 33180

Shady Al-Zubi, MGR

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes on 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 z.817.155, F.S.)

19 JAN 14 PMI2: 38