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(Requestor's Name)			
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PICK-UP	☐ WAIT	MAIL	
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Special Instructions to	Filing Officer:		
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Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQU	EST	DATE	2/4/2021

PRIORITY Routine

OUR REF_#_(Order_ID#) 888573

ORDER ENTITY_ WE SHIP EXPRESS LLC

PLEASE PERFORM THE FOLLOWING SERVICES: WE SHIP EXPRESS LLC (FL)				
Please file the attached and provide a certified copy.				
NOTES:				
\$155.00 Authorized				
Email address for annual report reminders: jim@weinbergpc.com				
RETURN/FORWARDING INSTRUCTIONS:				
ACCOUNT NUMBER: I20050000052				
Please bill the above referenced account for this order.				
If you have any questions please contact me at 656-7956,				
Sincerely,				

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, February 4, 2021

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability	Company is:					
WE SHIP EXPRESS	LLC					
(Must conta	in the words "Limited I	Liability Compan	y, "L.IC.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street ad	dress of the principal o	ffice of the Limit	ed Liability Company is:			
Principa	l Office Address:		Mailing Address	:		
4501 MANATEE AV	E WEST	45	01 MANATEE AVE WEST			
SUITE 314			JITE 314			
BRADENTON, FL 3	4209	BI	RADENTON, FL 34209			
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an act The name and the Florida street a	cannot serve as its own ctive Florida registratio ddress of the registered	Registered Agen n.)	ent's Signature: i. You must designate an indivi	dual or	2021 FEB	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	JAMES DELANEY				+	س ــــــ
		Name				ar say
	4501 MANATEE AV	E WEST, SUIT	E 314	1.	AM IO:	ۇ ئەر رىسىدى
	Florida street address	(P.O. Box <u>NOT</u>	acceptable)	• •	<u>ö</u>	توسيط
	BRADENTON	FL	34209	,	46	
	City	State	Zip			

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..

Slames Delanes
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
			
(Use attachment if necessary)			
in an effective date is listed, the date must be spo the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	Lavence a Kisch		
This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State telony as provided for in s.817.155, F.S.		
LAWRENCE A.	KIRSCH Typed or printed name of signce		

Filing Fees;
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)