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(Re	equestor's Name)	· -
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	_,
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

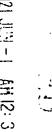
Office Use Only



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COVER LETTER

	New Filing Sec Division of Cor			
SUBJEC	Sanchez Ex	press, LLC		
SUBJEC	T:		nited Liability Company	
The enclo	sed Articles of	Organization and fee(s) are	e submitted for filing.	
Please ret	um all correspo	ondence concerning this ma	itter to the following:	
	Carmen San	chez		
		'	Name of Person	
	Sanchez Exp	ress, LLC		
	. 		Firm/Company	
	79 Colonia I	Blvd.		
			Address	
	Rahway, NJ	07065		
			hty/State and Zip Code	
	sanchez3@co		C. C	
		·	for future annual report notificat	1011)
For further	information co	ncerning this matter, please	e call:	
	Carmen Sanc	hez 73	32 423-9299)	
	Nam	e of Person A	rea Code Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:		
₩\$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Sanchez Express LLC	
(Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:

	maning Address.
819 Terrace Ridge Circle	79 Colonia Blvd.
Unit 732	Rahway, NJ 07065
Davenport, FL 33896	

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:

ARTICLE 1 - Name:

Suczette Esteves		
	Name	1
177 Arbor Lakes Di	rive	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Davenport	FL	33896
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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	Name and Address:
Title: "ANBR" = Authorized Momber	
"MGR" # Manager	Carmen Sauchez
<u>MGR</u>	For Call and Divid
	Rahway, NJ 07065
	····
	r10
	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 d
LE V: Effective dute, if other than effective date is listed, the date inute of filling.) If the date inserted in this block of current's effective date on the Dep	was not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective dute, if other than Heetive date is listed, the date inute of filing.) If the date inserted in this block occument's effective date on the Dep	was not meet the applicable statutory filing requirements, this date will not be
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T.E.V: Effective dute, if other than effective date is listed, the date muse of filing.) If the date inserted in this block document's effective date on the Dep. T.E.VI: Other provisions, if my REQUIRED SIGNATURE: Signatur This document	Care Care and an abunharized representative of a member is executed in accordance with section 605.0203 (1) (b). Florida Statutes.
T.E.V: Effective dute, if other than effective date is listed, the date true is of filling.) If the date inserted in this block decument's effective date on the Deporter VI: Other provisions, if any REQUIRED SIGNATURE: Signatur This document is an aware that constitutes a the	Care Park. The point ment the applicable statutory filing requirements, this date will not be artiment of State's records.