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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WISE TAX FIRM INC.

Account Number : 12021000018 Phone : (786)620-8001 Fax Number : (786)227-6631

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

Email Address:

FLORIDA LIMITED LIABILITY CO. EXPRESS WINGS GROUP LLC

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Help

COVERLETTER

TO:	New Filing Section Division of Corporations		
SHRIE	EXPRESS WINGS GROUP LLC T: Name of Limited Liability Company		
JUDUL.	••		
The encl	osed Articles of Organization and fee(s) are submitted for filling.		
Please re	turn all correspondence concerning this matter to the following:		
	WILLIAM TELLO		
	Name of Person	440440-000-00-0	
	EXPRESS WINGS GROUP LLC		
	Firm/Company		
	8960 NW 23RD STREET		
	Address		
	CORAL SPRINGS, FL 33065		2022 JUL
	City/State and Zip Code		JUL
	williamtello@outlook.com		. 1
	E-mail address: (20 be used for future annual report notification)	• •	-no :
For furthe	r information concerning this matter, please call:	<u>:</u> '	PM 2: 39
	WILLIAM TELLO 561 452-4313		39
	Name of Parron Area Code Davine Telephone Number		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain	OUP LLC		we t in 15 - 161 t / 1 m		
	the words "Limited Liabil	ity Company, '	"L.IC.," or "LLL)		
ARTICLE H - Address: The mailing address and street addre	ess of the principal office	of the Limited	Liability Company is:		
Principal Office Address:			Mailing Address:		
8960 NW 23RD ST	NAME STREET ST. ST. ST. ST. ST. ST. ST. ST. ST. ST		****		
CORAL SPRINGS, FL 33065		COS	RAL SPRINGS, FL 33065		
another business entity with an active. The name and the Florida street addr.	ess of the registered agen				
- -		M TELLO			29
	Name				2022 JUL
	8960 NW 23RO ST			Ę-	
F	Florida street address (P.O. Box NOT acceptable)				<u> </u>
	CORAL SPRINGS	FL	33065		-0
	City	State	Zip	-	PI 2:
	ちゅうめんき フェン・コスタング しかか かりつかいりじかくは	ieni as registe. Iv to the prope	te above stated limited lial red agent and agree to ac- er and complete performat t as provided for in Chapte	we of my duties	y, t vo y, t vo

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager WILLIAM TELLO 8960 NW 23RD STREET MGR _____ CORAL SPRINGS, FL 33065 AMADOR LOZANO RADA AMBR 8960 NW 23RD STREET CORAL SPRINGS, FL 33065 (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.) Note: 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. REOUTED SIGNATURE:

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.\$17.155, F.S.

WILLIAM TELLO

Typed or printed name of signee

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.6203 (1) (b), Florida Statutes.