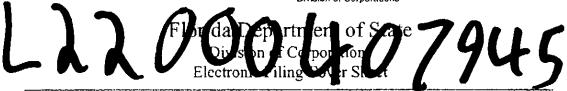
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

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

Email 1	Address:			
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## FLORIDA LIMITED LIABILITY CO.

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Certificate of Status	0
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Page Count	03
Estimated Charge	\$125.00

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Electronic Filing Menu

Corporate Filing Menu

Help

To:

## ARTICLES OF ORCANIZATION FOR FLORIDA LIMITED LIARILITY COMPANY

360 EXPRESS LLC	
(Must contain the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18520 NW 67 AVE STE 309	18520 NW 67 AVE STE 309
MIAMI, FL 33015	MIAMI, FL 33015

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

JOANEL ORELUS	S	
	Name	
18520 NW 67 AV	E STE 309	
Florida street addr	ess (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	FL	33015
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..

As Coansl Orelus

Registered Agent's Signature (REQUIRED)

--- (CONTINUED)

To: •

"AMBR" - Authorized "MGR" = Manager	Name and Address: Member	
AMBR	JOANEL ORELUS 18520 NW 67 AVE STE 309 MIAMI, FL 33015	
<del></del>		
<del></del>		
(Use attachment if neces	essary)	
TICLE V: Effective date, if o	other than the date of filing: (OPTIONAL)  date must be specific and cannot be more than five business days prior to or 90 day	64
date of filing.) ste: If the date inserted in this	s block does not meet the applicable statutory filling requirements, this date will not be a the Department of State's records.	
date of filing.) ste: If the date inserted in this	n the Department of State's records.	
date of filing.)  te: If the date inserted in this document's effective date on	n the Department of State's records.	
date of filing.)  te: If the date inserted in this document's effective date on TICLE VI: Other provisions,  REOURED SIGNAT	the Department of State's records.  if any.  CURE:	
date of filing.) te: If the date inserted in this document's effective date on TICLE VI: Other provisions,  REOURED SIGNAT  S. This do I am aw	n the Department of State's records.	
date of filing.) te: If the date inserted in this document's effective date on FICLE VI: Other provisions,  REOURED SIGNAT  S. This do I am aw constitute	TURE:    Journal Oralisa   Signature of a member or an authorized representative of a member. Secument is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Ware that any false information submitted in a document to the Department of State	

1 (8) 17 TAIT