

Florida Department of State  
 Division of Corporations  
 File for Annual Report  
 Note: Please print this page and use it as a cover sheet. Type the account number (shown below) in the top and bottom of the page of the document.

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To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : AA EXPRESS SERVICES INC  
 Account Number : 120230000057  
 Phone : (954)596-0323  
 Fax Number : (954)596-0353

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

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
 TALLAHASSEE, FL

FLORIDA LIMITED LIABILITY CO.  
 VELEZ CUORVO LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$125.00 |

SECRETARY OF STATE  
 TALLAHASSEE, FL

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

VELEZ CUORVO LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:

2283 NW 53RD ST  
BOCA RATON FL 33496

Mailing Address:

2283 NW 53RD ST  
BOCA RATON FL 33496

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

AA EXPRESS SERVICES INC

Name

410 S POWERLINE RD

Florida street address (P.O. Box NOT acceptable)

DEERFIELD BEACH FL 33442

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.

ELP

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA  
SECRETARY OF STATE

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ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMDR

DIEGO FERNANDO VELEZ VELEZ

CRA 16 #127-31 APT 1204 T2

BOGOTA COLOMBIA 110111

AMBR

MARIA PIA CUORVO

CRA 16 #127-31 APT 1204 T2

BOGOTA COLOMBIA 110111

(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

REQUIRED SIGNATURE:

Diego F Velez

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes  
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 817.155, F.S.

DIEGO FERNANDO VELEZ VELEZ

Typed or printed name of signee

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