Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

Fron:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I28000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. AMM EXPRESS LLC

Certificate of Status	1	
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Estimated Charge	\$130.00	

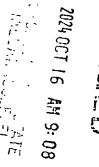
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वृद्धाः । विद्याप्तर्थः ।

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A TYPE OF T	* * *	ı.
ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
AMM EXPRESS	•	
ARTICLE II - Address: The mailing address and street address of Company is:		
15521 SW 115 Th	Terrane	iability
Minni FL 3319	6	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of Company cannot serve as its own Registered Agent. You must a with an active Florida registration.) MARIEN PERE	the registered agent are: (The Limited Linded Linde	ability 2024 O
15521 SW 115 TH	TER	C7 6
Mison FL 33196		9
ARTICLE IV The name and title of each person authorized Liability Company: (MGR or AMBR)	d to manage and control the Limited	8
MARIEN PEREZ	FAEZ (AMB)	R)
	· · · · · · · · · · · · · · · · · · ·	

EIN: 33-1489920

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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)

