

EX - IM SERVICES, LLC
4122 VOORNE ST, SARASOTA FL 34234
PHONE: (941)359-6364 FAX: (941)355-5026

June 26, 2000

L000000008024

TO: Whom it may concern
Division of Corporations
State of Florida

RE: Filing of the LLC, "Ex - Im Services, LLC"

Please file the enclosed application for registration with an immediate starting date.

Enclosed is a check for \$130 for the:

Filing Fee
Designation of Registered Agent
Certificate of Status

Thanks and Best Regards,

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-06/29/00--01051--011
****130.00 ****130.00

Storm Kildoye

Storm Kildoye
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: EX-IM SERVICES, L.L.C.

ARTICLE II - Address:

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

4122 VOORNE ST.
SARASOTA FL 34234

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

STORM E. KILDOYLE
Name
4122 VOORNE ST.
Florida street address (P.O. Box NOT acceptable)
SARASOTA FL 34234
City, State, and 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 608, F.S..

Storm Kildoye
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STORM E. KILDOYLE
Typed or printed name of signee

Filing Fees:

- ✓ \$100.00 Filing Fee for Articles of Organization
- ✓ \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- ✓ \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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