

L00000000 15094

11/28/00

Walter Coles
325 Moorings Cove Dr.
Tarpon Springs, FL. 34689

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

000003482950--7
-12/01/00--01050--005
****125.00 ****125.00

RE: Articles of Organization, Designation of Registered Agent

To Whom It May Concern:

Enclosed is a completed Articles of Organization for Florida Limited Liability Company and a check for \$125.00 (\$100 for filing fee and \$25.00 for designation of Registered agent).

Please process my application as soon as possible. Thank You

Sincerely Yours,

Walter Coles
Walter Coles

FILED
00 DEC -1 PM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WMC
12/7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: X-TREMES EMPORIUM, L.L.C.

ARTICLE II - Address:

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

325 MOORINGS COVE DR.
TARPON SPRINGS, FL. 34689

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

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

WALTER COLES
Name
325 MOORINGS COVE DR.
Florida street address (P.O. Box **NOT** acceptable)
TARPON SPRINGS FL 34689
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..

Walter Coles
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.

FILED
00 DEC -11 PM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Walter Coles
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.)

WALTER COLES
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)