D3000002613

, (Red	questor's Name)	
• (Add	iress)	· · · · · · · · · · · · · · · · · · ·
(Add	iress)	
(City	//State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



100009710271

01/06/03--01024--020 **130.00



U 03 - 478

LERYAN JAN 7 2003

LERYAN JAN 2 2 200

Cover Letter

Applicant: Stanley Shelton

Address: 2454 NW 49 Terrace

Coconut Creek Fl 33063

Phone: (754) 224-6409

\$100.00 Filing Fee \$25.00 Designation of Registered Agent \$5.00 Certificate of Status





FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

January 7, 2003

STANLEY SHELTON 2454 NW 49 TERRACE COCONUT CREEK, FL 33063

SUBJECT: XS TECHNOLOGY SOLUTIONS, LLC

Ref. Number: W03000000478

We have received your document for XS TECHNOLOGY SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 403A00000770

Joey Bryan Document Specialist All And Str. Confessions

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
X5 Technology Solutions, LLC ARTICLE II-Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
2454 NW 49 Terrace; Coconut Creek FL 33063 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: Stanley L. Shelton
Having been named as registered agent and to accept service of process for the above stated limited a 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. 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) 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.) Typed or printed name of signee
\$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)