## L03000031517

Accounting & Tax Educators, Inc.				
Tax/Accounting Experts 4720 Davisson Ave. Orlando, Florida 32804 Phone 407 522-2965				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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DIVISION OF CORPORATION

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## TRANSMITTAL LETTER

Tallahassee, Florida 32399

TO: Registration			
Division o	f Corporations		
SUBJECT:	Xcess Properties, LLC		
	(Name of Limited	Liability Company)	
The enclosed Artic	cles of Organization and fee(s	) are submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
Charl	es Klarenbeek		
	(Name of Person)		
			Ç
	(Firm/Company)		;
	(		
2225	Weber Rd.		
	(Address)		
Malal	bar, Fl. 32950		
	(City/State and Zip Code)	<del></del>	
For further inform	ation concerning this matter, p	please call:	
	es Klarenbeek at me of Person)	( 321 ) 952-1188 (Area Code & Daytime Telephone Number)	
STREET ADDRI		MAILING ADDRESS:	
	egistration Section Registration Section		
	Division of Corporations  Division of Corporations		
409 E. Games Stre	09 E. Gaines Street P.O. Box 6327		

Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	e: nited Liability Company is:		
Xcess Properties, ARTICLE II - Add The mailing address		ipal office of the Lin	nited Liability Company is:
Principal Office Address:  2225 Weber Rd.		Mailing Address:  2225 Weber Rd	
ARTICLE III - Reg	pstered Agent, Registered Of	ffice, & Registered A	Agent's Signature:
The name and the Fl	orida street address of the regis	stered agent are:	
	Charles Klarenbe	eek	
_	Name		
	2225 Weber Rd.		S 850
_	Florida street address (P.O. Bo	ox NOT acceptable)	J3 AUG 18 PM
	Malabar Fi	32950	
_	City, State, and 2	•	P PO
liability company at registered agent and statutes relating to th	as registered agent and to accepthe place designated in this cert agree to act in this capacity. If the proper and complete performs of my position as registered agent's Segistered Agent's S	tificate, I hereby accep further agree to comp nance of my duties, an agent as provided for i	for the above stated limited:  pt the appointment as — 500 only with the provisions of all 500 od I am familiar with and

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MGRM	Charles Klarenbeek				
171-01-01-0	2225 Weber Rd.				
	Malabar, Fl. 32950				
<del></del>					
MGRM	Ann Maria Klarenbeek				
	2225 Weber Rd				
	Malabar, Fl. 32950				
	<u> </u>				
(Use attachment if necessary)  NOTE: An additional article m	ust be added if an effective date is requested.				
REQUIRED SIGNATURE:	c C (				
Kil	- C. White.				
Signature of 2 m	Signature of a member or an authorized representative of a member.				
of this document	(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.)				
	Charles Klarenbeek				
	Typed or printed name of signce				
	Filing Fees: \$100.00 Filing Fee for Articles of Organization				

- \$ 180.00 Filing Fee for Articles of Organiz \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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