

L040000006899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

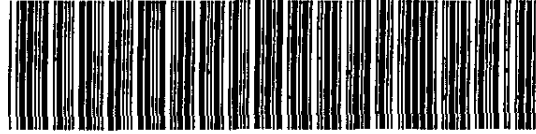
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900025849119

01/21/04--01028--010 \*\*130.00

FILED  
2004 JAN 20 AM 10:09  
MICHIGAN CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN JAN 27 2004

**TRANSMITTAL LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: XPR SERVICES, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**PAUL GRIFFITH**  
(Name of Person)

**XPR SERVICES, LLC**  
(Firm/Company)

**5234 75TH PL**  
(Address)

**LIVE OAK, FL 32060**  
(City/State and Zip Code)

FILED  
2004 JAN 20 AM 10:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**PAUL GRIFFITH** at **(386 ) 362-1257**  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

XPR SERVICES, LLC

**ARTICLE II- Address:**

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

Principal Office Address:

Mailing Address:

5234 75TH PL

5234 75TH PL

LIVE OAK, FL 32060

LIVE OAK, FL 32060

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

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

PAUL GRIFFITH

Name

5234 75TH PL

Florida street address (P.O. Box NOT acceptable)

LIVE OAK

FLORIDA 32060

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 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, Florida Statutes..*



Registered Agent's Signature

FILED  
2004 JAN 20 AM 10:09  
JULIEN INCORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:** **Name and Address**

MANAGER

PAUL GRIFFITH

5234 75TH PL

LIVE OAK, FL 32060

FILED  
2004 JAN 20 AM 10:09  
JIMSON CORPORATION  
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is required.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

PAUL GRIFFITH

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)**