

L04000048918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

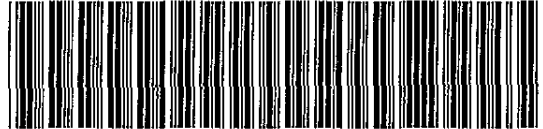
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

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04 JUN 30 PM 12:48  
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TALLAHASSEE, FLORIDA

6/29/04

MASCH & COMPANY  
Requestor's Name  
5669 S. UNIVERSITY DRIVE  
Address  
DAVE FL 33328  
City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

X-Ram Properties, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment          | <input type="checkbox"/> Merger                     |
| <input type="checkbox"/> NonProfit                 | <input type="checkbox"/> Foreign            | <input type="checkbox"/> Mark                       |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Dissolution        | <input checked="" type="checkbox"/> Other LLC       |
| <input type="checkbox"/> Reinstatement             | <input type="checkbox"/> Annual Report      | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Reservation        | <input type="checkbox"/> Certificate Under Seal     |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Photo Copies       | <input type="checkbox"/> After 4:30                 |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Call If Problem    | <input type="checkbox"/> Mail Out                   |
| <input type="checkbox"/> Will Wait                 | <input checked="" type="checkbox"/> Pick Up |   |

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Verifier
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Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

X-RAM PROPERTIES, LLC

**ARTICLE II – Address:**

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

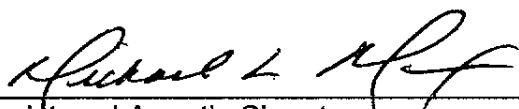
5820 SW 15<sup>TH</sup> STREET  
PLANTATION, FL 33317

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's signature:**

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

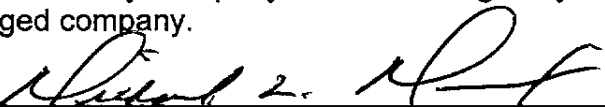
MICHAEL MARX  
5820 SW 15<sup>TH</sup> STREET  
PLANTATION, FL 33317

*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.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV – Management (Indicate if applicable.)**

\_\_\_\_\_. If checked, the Limited Liability Company is to be managed by one manager or more managers and therefore, a manager – managed company.

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

\_\_\_\_\_  
MICHAEL MARX  
Typed or printed name of signee

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