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(Re	questor's Name)	<u></u>	
(Ad	dress)		
(Ád	dress)	······································	
(Cit	y/State/Zip/Phon	e#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:	.c	
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TRANSMITTAL LETTER

TO: Registration Se				
SUBJECT: XCe/ Institute, LCC (Name of Limited Liability Company)				
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.		
	ondence concerning this matte			
	John Bel	Sito Name of Person)	<u>-</u>	
	()	Firm/Company)		
65	00 Marce	(Address)	W.	
1	Sradenton (City)	FI 34 State and Zip Code)	209	
John	concerning this matter, please of Person)	at (941) 9/5 (Area Code & Daytime Te	- 5354 elephone Number)	
Enclosed is a check for	or the following amount:			
☐ \$125.00 Filing Fee	_	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STRE	ET ADDRESS:	MAILING A	DDRESS:	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
XCel Institute, L	LC
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6500 Manatee Ave. W. Brudentan, Fl 34209	6500 Manatee Aug. W. Brudenton, Fl 34209
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the response of the	ree Aje W. ress (P.O. Box NOT acceptable) FL 34209
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	scrept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's	Signature Signature PA
(CONTINU	JED)
Page 1 of 2	52

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

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

Title: "MGR" = Manager "MGRM" = Managing Member MGR	Name and Address:	
	John Belsito 6500 Monates Ave w Brudenton, Fr 34209	
 		
(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is requested.	
REQUIRED SIGNATURE: Signature of a member	or an authorized representative of a member.	
(In accordance with sec of this document consti- that the facts stated he	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)	
	ped or printed name of signee	
Filing Fees:		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)