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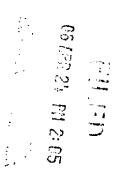
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M. HODGES

## **COVER LETTER**

	tration Section of Corp					
SUBJECT: _	XTK	REME OAN (Name of Limited	CE	57	UDI	O, LLC
		(Name of Limited	d Liabili	ty Compa	ny)	
The enclosed	Articles of	Organization and fee(s) are so	ubmitte	l for filing		
Please return a	all correspo	ndence concerning this matte	er to the	following:		
		Lyuba Young				
-		,	Name of	Person)		
	College	, Tax & Retirement	Stra	tegies,	LLC	
<del></del>		(	Firm/Co	mpany)		
	311	O Spring Glen Rd.				
			(Addr	ess)		
	Jac	ksonville, FL 3220	7			
<u> </u>		(City,	/State an	d Zip Code	)	
For further inf	ormation c	oncerning this matter, please	call:			
Ly	uba You	ing	at (_9	04)	396-677	77 'elephone Number)
<u> </u>	(Name o	of Person)		(Area Code	& Daytime T	elephone Number)
Enclosed is a	check for	the following amount:				
😠 \$125.00 Fil	ling Fee	\$130.00 Filing Fee & Certificate of Status	Certi	fied Copy	ling Fee &  s enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Division Clifton Bi 2661 Exe	urier Addresson Section of Corporation uilding cutive Center ce, FL 32301	ons r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

XTREME DANCE (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1728 Broken Bow Dr. W INCKSONVILLE FL 38825	Same
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
College, Tax & Reti	rement Strategies, LLC
Name	,
3110 Spring Glen Ro	d. ====================================
Florida street add	ress (P.O. Box NOT acceptable)
Jacksonville City, State, an	FL 32207 5 5

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 (REQUIRED)

(CONTINUED) Page 1 of 2

## 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:
<u> MGRH</u>	ROSSELLE WALKER 1728 Broken BOW Dr. W JACKSONVILLE PZ 38225
(Use attachment if necessary)	
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior
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.)

OSSELLE A. WALKER
Typed 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)