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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	fAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status _						
Special Instructions to Filing Officer:						

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OF MAY -3 PM 2:57

COVER LETTER

то:	Registration Se Division of Co						
SUBJI	ECT: XTRE	ME'S EAST, LLC (Name of Limite	d Liability Compa	ny)		_	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	ζ,			
Please	return all corresp	ondence concerning this matte	er to the following	:			
	DANNY (C. MILLER					
		(Name of Person)				
	XTREME	'S EAST LLC				96	
		((Firm/Company)				空形
	4420 PO	INSETTIA STRE	EET			06 MAY -3	BARRET STATES
			(Address)			7	(원두) 무성
	FORT M	YERS, FLORID	A 33905			ري. دي	
		(City	/State and Zip Code)			S.
For fur	ther information	concerning this matter, please	call:				
DAN	INY C MIL	LER	at (239	645-06	02		
-	(Name	of Person)	(Area Code	& Daytime To	elephone Number)	-	
Enclos	sed is a check fo	or the following amount:					
\$125.00 Filing Fee \$130.00 Filing Fee Certificate of Status		\$155.00 Fi Certified Copy (additional copy i	7	\$160.00 Filing Certificate of Sta Certified Copy (additional copy is en	tus &		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation uilding cutive Center sec. 32301	ns Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compa	ny is:
XTREME'S EAST LLC	
(Must end with the words "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4420 POINSETTIA STREET	4420 POINSETTIA STREET
FORT MYERS, FLORIDA 33905	FORT MYERS, FLORIDA 33905
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature at Registered Agent. You must designate an individual or another
The name and the Florida street address of	70 77
DANNY C MILLER	PH 22.
-	Name 2: All of the state of the
4420 POINSETTIA	A STREET
Florida str	eet address (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

FORT MYERS

(CONTINUED)
Page 1 of 2

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

DANNY C MILLER

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)