

**L07000009097**

Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813)229-7600  
Fax Number : (813)229-1660

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**XCELIENCE HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION  
XCELIENCE HOLDINGS, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is **XCELIENCE HOLDINGS, LLC.**

**ARTICLE II – Address:**

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

5415 West Laurel Street  
Tampa, Florida 33607

**ARTICLE III – Management:**

The Limited Liability Company is to be managed by a manager or managers. The initial manager shall be Derek Hennecke.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 29th day of June 2007.

  
\_\_\_\_\_  
Signature of 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.)

Derek G. Hennecke  
\_\_\_\_\_  
Typed or printed name of signer

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **XCELIENCE HOLDINGS, LLC.**
2. The name and the Florida street address of the registered agent are:

Derek G. Hennecke  
5415 West Laurel Street  
Tampa, Florida 33607

*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.*



Signature

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