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PICK-UP	☐ WAIT	MAIL
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O7 NOV -5 AM II: OI SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co					
SUBJ	ECT. Xtreme	e BoatworX Intern	ational, L.L.	C.		
3000	(Name of Limited Liability Company)					
The er	closed Articles of	f Organization and fee(s) are	submitted for filing	3 .		
Please	return all corresp	ondence concerning this matt	ter to the following	:		
	Richard &	Michele Baxter				
			(Name of Person)			
	Xtreme Bo	oatworX Internatio	nal, L.L.C.			
			(Firm/Company)			
	1960 Porp	oise St				
			(Address)			
	Merritt Isla	and, FL 32952				
		(Cit	y/State and Zip Code)		
For fu	rther information	concerning this matter, please	e call:			
Micl	nele A. Bax	ter	at (321	223-7241		
	(Name	of Person)	(Area Cod	e & Daytime Telephone Number)		
Enclo	sed is a check fo	or the following amount:				
□ \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional copy	py Certificate of Status &		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	courier Address on Section of Corporations duilding coutive Center Circle see, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	:	
Xtreme BoatworX International, L.	L.C.	
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limited Liab	oility Company is:
Principal Office Address:	Mailing Address:	
Thicipal Office Address.	Wannig Address.	
3245 N. Courtenay PKWY	PO Box 887	
Unit# 00233	Cape Canaveral, FL 32920	<u></u>
Merritt Island, FL 32953		
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	O7)
Michele A. Baxter		AFE AFE
Name		07 NOV -5 SECRETAR ALLAHASS
1960 Porpoise St		AM II: O
Florida street ac	ddress (P.O. Box <u>NOT</u> acceptable)	FFS = F
Merritt Island, FL 32	2952	PRICE
City, State,	and Zip	Ď ^{C)}

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

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" = Manag "MGRM" = Mar		Name and Address:	
MGR		Richard R. Baxter II	
		1960 Porpoise St	
		Merritt Island, FL 32952	
MGR		Michael L. Gay, Jr	
		PO Box 887	
		Cape Canaveral, FL 32920	
MGRM		Michele A. Baxter	
	_	1960 Porpoise St	
		Merritt Island, FL 32952	<u></u>
(Use attachment ARTICLE V: Effective (If an effective date is lis to or 90 days after the day	date, if other than the dat ted, the date must be sp	e of filing: 11-01-2007 . (oecific and cannot be more than five bu	OPTIONAL) siness days prior
<u>REQUIRED</u> SI	Michelo A	an authorized representative of a member.	OT NOV -5 AM II: OI SECRETARY OF STAT
		n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)	II: OI

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Michele A. Baxter

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee