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(Re	equestor's Name)				
(Address)					
 (Ad	dress)				
(City/State/Zip/Phone #)					
	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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09/15/08--01021--018 **125.00



9/18/

COVER LETTER

Division of C	Corporations			
_{suвјест:} Храп	d Europe Limited L	iability Cor	npany	
	(Name of Limit	ted Liability Com	pany)	
The enclosed Articles	of Organization and fee(s) are	submitted for fili	ng.	
Please return all corre	spondence concerning this mat	ter to the following	ng:	
Corey Ho	ooper			
		(Name of Person)	,,,,,,,,,,,_	
		(Firm/Company)		
2401 NE	47th Street	• •		
-		(Address)		
Lighthou	Lighthouse Point, FL 33064			
(City/State and Zip Code)		!		
For further informatio	n concerning this matter, pleas	e call:		~
Corey Hoope		_at (_954	<u>415 0606</u>	
(Nan	ne of Person)	(Area Co	ode & Daytime Telepho	one Number)
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Fili Certified C (additional co	opy C py is enclosed) C	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	Registra Division Clifton 2661 Ex	Courier Address ation Section n of Corporations Building Recutive Center Circles	ie

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Xpand Europe LLC				
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
Xpand Europe LLC	Xpand Europe LLC			
2401 NE 47th Street	2401 NE 47th Street			
Lighthouse Point, FL 33064	Lighthouse Point, FL 33064			
business entity with an active Florida registration.) The name and the Florida street address of the recovery Hooper	egistered agent are:			
Name				
2401 NE 47th Street				
Florida street address (P.O. Box NOT acceptable)				
Lighthouse Point, FL 33064				
City, State, and Zip				
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	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. 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			

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member Manager Corey Hooper 2401 NE 47th Street Lighthouse Point, FL 33064 (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.) Corey Hooper

Filing Fees:

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

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

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

Typed or printed name of signee