

L09000050749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

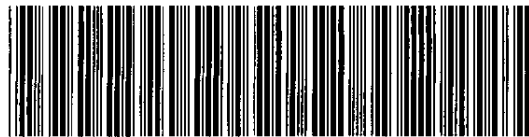
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 APR 30 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W09-20639  
APR 30 2009

J. BRYAN

MAY 27 2009

EXAMINER



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scout LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas R. Cuba

(Name of Person)

(Firm/Company)

3760 1st Av North

(Address)

St. Petersburg Florida 33713

(City/State and Zip Code)

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09 APR 30 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Thomas R Cuba

(Name of Person)

at ( 727 ) 823-2443

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is 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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 1, 2009

THOMAS R. CUBA  
3760 1ST AVE NORTH  
ST. PETERSBURG, FL 33713

SUBJECT: SCOUT LLC  
Ref. Number: W09000020639

*We have changed the name  
to XSCOUT, INC.*

FILED  
09 APR 30 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SCOUT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is #P07000010125, SCOUT, INC..

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 109A00014769



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

X Scout LLC

(Must end with the words "Limited Liability 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:

447 3rd Av North

Suite 307a

St. Petersburg Fl. 33701

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Thomas R. CUba

Name

3760 1st Av North

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg 33713 FL

City, State, and Zip

*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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Thomas R. Cuba  
3760 1st Av North  
St. Petersburg FL 33713

MGR

Joseph A. Cuba  
3232 Silver Sands Circle #301  
Virginia Beach, VA 23451

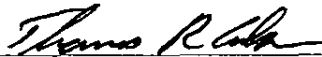
MGR

Lindsey Cuba  
3232 Silver Sands Circle #301  
Virginia Beach, VA 23451

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: April 28 2009 . (OPTIONAL)  
(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.)

Thomas R. Cuba

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)

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09 APR 30 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA