Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

Phone

: (212)431-5000

Fax Number

: (212)431-1441

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## Xcelskydiving LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

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**EXAMINER** 

5/27/2009

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Xcelskydiving LLC	
ARTICLE II - Address:	
	of the principal office of the Limited Liability Comp
Principal Office Address:	Mailing Address:
9695 W Woodward Park St.	9695 W Woodward Park St.
Crystal River, FL 34429  ARTICLE III - Registered Agent, Re	Crystal River, FL 34429
	egistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature: s of the registered agent are:
ARTICLE III - Registered Agent, Re The name and the Florida street addres	egistered Office, & Registered Agent's Signature: s of the registered agent are:
ARTICLE III - Registered Agent, Re The name and the Florida street addres  Me	egistered Office, & Registered Agent's Signature: s of the registered agent are: ercedes Wadkins Name
ARTICLE III - Registered Agent, Re The name and the Florida street addres  Me	egistered Office, & Registered Agent's Signature: s of the registered agent are: ercedes Wadkins Name  N Woodward Park St.

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
Mercedes Wadkins

(CONTINUED)

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09 MAY 27 AM 8: 17

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

Fax:888-692-9256

1 itte:	Name and Address;
"MGR" = Manager	
"MGRM" = Managing Mer	nber
MGRM	Mercedes Wadkins
	9695 W Woodward Park St.
	Crystal River, FL 34429
MGRM	Michael Wadkins
	9695 W Woodward Park St.
	Crystal River, FL 34429
(Use attachment if necessar	y)
NOTE: An additional art	licle must be added if an effective date is requested.
REQUIRED SIGNATUR	E:
W. a.v.	and a R. C. Smith, MATA
Signature	of a member or an authorized representative of a member.
	ance with section 608.408(3), Florida Statutes, the execution
of this doc	ument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
	Mercedes Wadkins
<del></del>	Typed or printed name of signee
Filing Fres:	

\$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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