

L100000 78990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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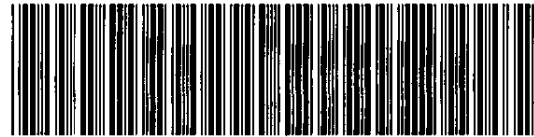
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL - 6 2010

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: xByte Technologies, 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:

David Weber

Name of Person

xByte Technologies, LLC

Firm/Company

911 Commerce Blvd N

Address

Sarasota, FL 34243

City/State and Zip Code

david.weber@xByte.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Weber

Name of Person

at (941)

358-9770

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Articles of Organization
For
Florida Limited Liability Company
xByte Technologies, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is **xByte Technologies, LLC**.

ARTICLE II – Address:

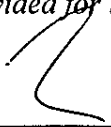
The mailing and street address of the principal office of the Limited Liability Company is
**911 Commerce Blvd N
Sarasota, FL 34243**

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

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

**Thomas Santilli
911 Commerce Blvd N
Sarasota, FL 34243**

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 Signature – Thomas Santilli

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ARTICLE IV – Managing Members:

The name and address of each managing member is

Thomas Santilli	Stephen Jaynes
911 Commerce Blvd N	911 Commerce Blvd N
Sarasota, FL 34243	Sarasota, FL 34243

ARTICLE V – The effective date is the date of filing.

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.



Signature of a Managing Member – Thomas Santilli