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JAN 31 2011

EXAMINER



800192266898

01/28/11--01017--018 **180.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ROTARY XTREME T	EAM, LLC
Name of Lin	nited Liability Company
The enclosed Articles of Organization and fee(s) as	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
GLEN JUNG	
	Name of Person
ROTARY XTREME TEA	
	Firm/Company
400 ENTERPRISE OSTE	
	Address
OSTEEN, FL 32764	City/Cests and Zin Code
GJJUNG@BELLSOUTH.NET	City/State and Zip Code
	d for future annual report notification)
For further information concerning this matter, plea	ase call:
JENNIFER JUNG	at (386) 804-4147 / 407-330-7046
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times Status\$\$ Certificate of Status	\$155.00 Filing Fee & Silfont Status & Certificate Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROTARY XTREME TEAM, 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: 400 ENTERPRISE OSTEEN ROAD OSTEEN, FL 32764 Mailing Address: 400 ENTERPRISE OSTEEN ROAD OSTEEN, FL 32764

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:

GLEN JUNG

Name

400 ENTERPRISE OSTEEN ROAD

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

OSTEEN, FL 32764

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

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

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

"MGR" = Manager	
"MGRM" = Managing Member	
MGR	JENNIFER JUNG
	400 ENTERPRISE OSTEEN ROAD
	OSTEEN, FL 32764
	
(Use attachment if necessary)	
* P * * P * * 1 * * * 1 * 1 * 1	1/24/2011
	ne date of filing: 1/24/2011 (OPTION DE SPECIFIC AND CANNOT DE MORE LE COPTION DE L'ARTE DE L'AR
	be specific and cannot be more than five business
days after the date of filing.)	

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JENNIFER JUNG

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)