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K. SALY EXAMINER MAR 1 5 2011

# **COVER LETTER**

	ion Section of Corporations		
SUBJECT: Xtr	eme Hit Men Prome	otions	
	Name of Limi	ited Liability Company	
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
<u>Christo</u>	opher Lane Gilmer		
		Name of Person	
Xtrem	e Hit Men Promotio		
		Firm/Company	
PO BO	OX 19111		
		Address	
Panama	a City Beach, FL 324		
	Ci	ity/State and Zip Code	
xtremeh	itmen@hotmail.com	for future annual report notification)	
200		·	
For further informa	tion concerning this matter, please	se call:	
Christopher L	ane Gilmer	at (850 ) 527-7138	
	lame of Person	Area Code & Daytime Tele	phone Number
Enclosed is a che	ck 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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ΑR	TIC		[ _ ]	Nai	me:
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The name of the Limited Liability Company is:

business entity with an active Florida registration.)



## Xtreme Hit Men Promotions, 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:Mailing Address:6504 bridge Water Way, Unit 1204PO BOX 19111Panama City Beach, FL 32407Panama City Beach, FL 32417

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

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

Christopher Lane Gilmer
Name

6504 Bridge Water Way, Unit 1204

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

Panama City Beach
FL 32407

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		
Widnesday Wiember		
MGR	Amanda M. Gilmer	
	PO BOX 19111	
	Panama City Beach, FL 32417	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	<u>.</u>
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		<del></del>
(Use attachment if necessary)		
LEV. Effective date if other than t	the date of filing: 03/10/2011	(OPTION
	t be specific and cannot be more tha	
days after the date of filing.)	. we specific und connict se more than	v vuointos uu

## **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. 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.)

## Christopher Lane Gilmer

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)