

# L11000045709

4/15/2011

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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APR 18 2011  
EXAMINER

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email address: mfontanive@yahoo.com

FLORIDA LIMITED LIABILITY CO.  
EXPCG LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **EXPCG 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:

300 S. Australian Avenue #125

300 S. Australian Avenue #125

W. Palm Beach, FL 33401

W. Palm Beach, FL 33401

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

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

Marsha Fontantive, MSM

Name

300 S. Australian Avenue #125

(P.O. Box or Mail Drop Box NOT Acceptable)

W. Palm Beach, FL 33401

(City / State / 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 - Marsha Fontantive, MSM**

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**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:**

MGRM

Marsha Fontanive, MSM 300 S. Australian Avenue #125

W. Palm Beach, FL 33401

MGRM

Miguel Harding 300 S. Australian Avenue #125

W. Palm Beach, FL 33401

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or 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. )

**Marsha Fontanive, MSM**

Typed or printed name of signer