

L11000098377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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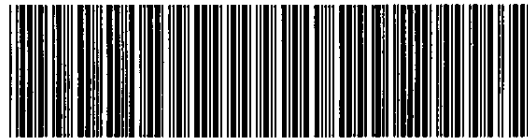
**L. SELLERS**

AUG 25 2011

**EXAMINER**

~~6011-1234~~

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11 AUG 24 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: XSD International 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:

**Jacqueline Sanchez-Calzado**

Name of Person

**XSD International LLC**

Firm/Company

**529 Yorkshire Street**

Address

**Port Charlotte, FL 33954-3036**

City/State and Zip Code

**jslf2025@gmail.com**

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

For further information concerning this matter, please call:

**Tony Calzado**

Name of Person

at ( **941** ) **875.0079**

Area Code & Daytime Telephone Number

Enclosed is a check 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 Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2011

JACQUELINE SANCHEZ-CALZADO  
529 YORKSHIRE STREET  
PORT CHARLOTTE, FL 33954-3036

SUBJECT: XSD INTERNATIONAL LLC  
Ref. Number: W11000042819

We have received your document for XSD INTERNATIONAL LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on August 15, 2011. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 011A00019237

Jacqueline Sanchez-Calzado  
XSD International LLC  
529 Yorkshire Street  
Port Charlotte, FL 33954-3036  
Tel: 941.564.9344

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August 17, 2011

Leslie Chambers  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

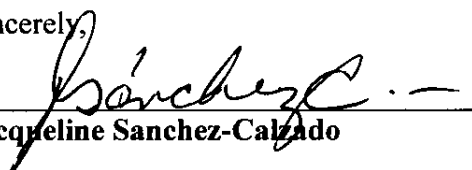
Re:           Company Name:   XSD International LLC  
              Document #:     W11000042819

Dear Ms. Chambers:

The purpose of this letter is to bring to your attention that I made a mistake in my recent filing of XSD International LLC. From a recent conversation that I had earlier today with a representative in your office, I was informed that I made an error in the effective date of the Corporation. I have no problem in changing the effective date from August 1, 2011 to August 15, 2011.

In advance I would like to thank you for your time and cooperation.

Sincerely,

  
\_\_\_\_\_  
Jacqueline Sanchez-Calzado

JSC/tc

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**XSD International 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:

529 Yorkshire Street  
Port Charlotte, FL 33954-3036

### Mailing Address:

529 Yorkshire Street  
Port Charlotte, FL 33954-3036

## 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:

Jacqueline Sanchez-Calzado

Name

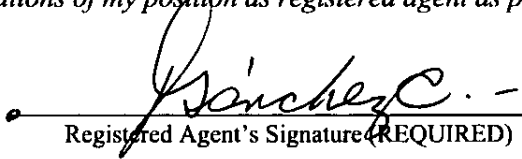
529 Yorkshire Street

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

Port Charlotte, FL 33954-3036

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)

**FILED**  
AUG 24 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

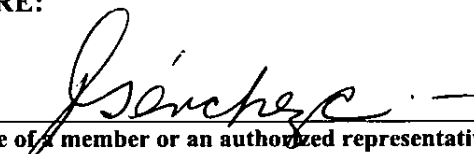
MGR

Jacqueline Sanchez-Calzado  
529 Yorkshire Street  
Port Charlotte, FL 33954-3036

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Jacqueline Sanchez-Calzado

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)**