

L 13000004428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

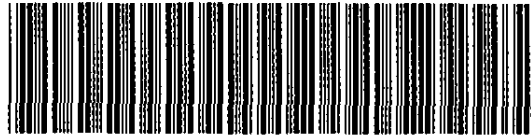
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DEPARTMENT OF STATE
13 JAN -8 PM 1:37
FILED
2013 JAN -8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 01/08/2013

REF. #: 000380.179013

CORP. NAME: EXITON LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 102898 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN -8 AM 8:00

FILED

**ARTICLES OF ORGANIZATION
OF
EXITON LLC**

ARTICLE I. NAME

The name of the limited liability company is Exiton LLC (the "Limited Liability Company").

ARTICLE II. ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 1240 Blue Road, Miami, FL 33146.

**ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE**

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

Edmundo Alliegro
1240 Blue Road
Miami, FL 33146

Having been named as registered agent and to accept service of process for the Limited Liability Company at the place designated in these Articles of Organization, 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 of the Florida Statutes.


Edmundo Alliegro, Registered Agent

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TALLAHASSEE, FLORIDA

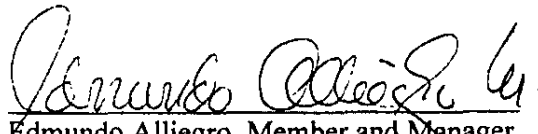
ARTICLE IV. MANAGERS

The names and addresses of the Managers of the Limited Liability Company are as follows:

Luis Arturo Pinate
1240 Blue Road
Miami, FL 33146

Edmundo Alliegro
1240 Blue Road
Miami, FL 33146

Signature of Member or an authorized representative of Member:

By: 
Edmundo Alliegro, Member and Manager

Date: January 7, 2013

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JAN -8 AM 8:00

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