

L13000022109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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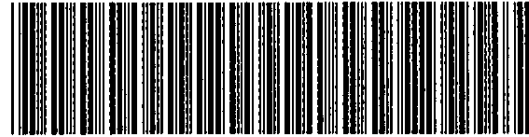
(Business Entity Name)

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MUSIAL & MUSIAL CO. LPA

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Cape Coral FL 33990

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*(Also admitted to the Ohio Bar)

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Westlake OH 44145
PHONE: (440) 892-2040
FAX: (440) 892-7008

February 6, 2013

TO: Registration Section
Division of Corporations

SUBJECT: EXceeding, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa A. Musial
Musial & Musial Co., LPA
2002 Del Prado Blvd., S., Ste. 101
Cape Coral, FL 33990

E-mail address (to be used for future annual report notification): Vlregler@gmail.com

For further information concerning this matter, please call:

Lisa A. Musial at (239) 772-0639

Enclosed is a check from my client for the following amount: \$125.00 Filing Fee

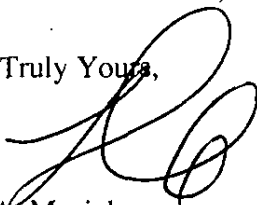
MAILING ADDRESS:

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

Very Truly Yours,



Lisa A. Musial

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
XCEEDING, LLC

ARTICLE I - NAME

The name of the limited liability company is Xceeding, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1119 SW 15th Place
Cape Coral, Florida 33991

Mailing Address:

1119 SW 15th Place
Cape Coral, Florida 33991

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Verna L. Regler
1119 SW 15th Place
Cape Coral, Florida 33991

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..

Verna L. Regler
Verna L. Regler

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

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MGR

Verna L. Regler
1119 SW 15th Place
Cape Coral, Florida 33991

REQUIRED SIGNATURE:

Verna L. Regler

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.)

Verna L. Regler

Typed or printed name of signee

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