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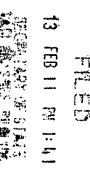
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COVER LETTER

Registration Section TO: **Division of Corporations Xcellent Servus** 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: Sylvia Stephenson Name of Person **Xcellent Servus** Firm/Company 8297 Champion Gates Blvd PMB408 Champion Gates, Florida 33896 City/State and Zip Code sylvstephenson@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sylvia Stephenson Name of Person Enclosed is a check for the following amount: ■\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee,

Mailing Address

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

Certificate of Status

Street/Courier Address

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Limited Liability Con	npany is.	
Xcellent Servus LLC		
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	of the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7681 Fitzclarence St	8297 Champion Gates Blvd 408	
Kissimmee, Florida 34747	Champion Gates, Florida 34747	
Bruce Griffin JR	Name G T	
	Name	
7681 Fitzclarence St	a street address (P.O. Boy NOT accentable)	
Florid	a street address (P.O. Box <u>NOT</u> acceptable)	

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR 8297 Champion Gates Blvd 408 Champions Gate, Florida 33896 MGR (Use attachment if necessary) (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days

REQUIRED SIGNATURE:

prior to or 90 days after the date of filing.)

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.)

Sylvia Stephenson

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)