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SECRETARY OF STATE AND AHASSEE FOR DRIAN

(850) 245r6051.

COVER LETTER

TO:	Registration S Division of Co			
SUBJE	CCT:	eneration XM	I, LLC	
			ed Liability Company	
The end	closed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please 1	eturn all corresp	ondence concerning this matt	er to the following:	
	Meg	han Demps	ter	
·			Name of Person	· · · · · · · · · · · · · · · · · · ·
•			Firm/Company	
	300	08 Page Av	l.	
	_	, , , , , , , , , , , , , , , , , , ,	Address	
	01	lando, FL	-	
•		MKDemps	y/State and Zip Code 10	com
_		E-mail address: (to be used t	or future annual report notification)	
For furt	her information	concerning this matter, please	call:	
Meg			_ *** \ <u> </u>	-0335
·	Name	of Person	Area Code & Daytime Telep	hone Number
Enclos	ed is a check for	or the following amount:		
A \$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	Street/Courier Address Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Generation XM,	LLC
(Must end with the words (Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2000 Dane Ave	2608 Pago AVO
Orlando, FL: 3280Ce	3008 Page AVL Orlando & Fl. 32806
O. 1001(Q 0 11 0 5 = 00 CC	<u> </u>
Having been named as registered agent and to a	red Agent. You must designate an individual or another registered agent are: Torres (P.O. Box NOT acceptable) FL 32901 Te, and Zip Agent. You must designate an individual or another AGE AGENT
liability company at the place designated in the registered agent and agree to act in this capacit	nis certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of a performance of my duties, and I am familiar with
and accept the obligations of my position as reg	sistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

	." = Manager	Name and Address:	
"MGR	M" = Managing Member GR	Meghan Dompster 3008 Page Ave Orlando , FL- 32800	
			
(Use a	ttachment if necessary)		
(If an effective		date of filing: (be specific and cannot be more than fire	
REQU	<u>ЛRED</u> SIGNATURE:		
	M		SECRET ALLAH
	(In accordance with section 608 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this docute the penalties of perjury that the facts stated herein a nation submitted in a document to the Department of as provided for in s.817.155, F.S.) Demps demonstrated ped or printed name of signce	are true:

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)