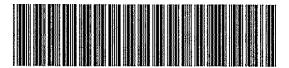
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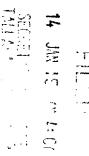
Re	questor's Name)	
live	questor s riame)	
(Ac	dress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
,	_	
Special Instructions to	Filing Officer:	

Office Use Only



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01/15/14--01006--008 **130.00



COVER LETTER

1	COVER LEITER
TO:	Registration Section Division of Corporations
erin se	Name of Limited Liability Company
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Phillip T. Meade
	Name of Person
	Xodus Business & Technology Solutions LLC
	Firm/Company
	3330 Biscayne Dr.
	Address
	Merritt Island, FL 32953
	City/State and Zip Code
	pmeade@xodusbts.com E-mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
	illip T. Meade 321 247-8989
	Name of Person Area Code Daytime Telephone Number
-	sed is a check for the following amount: 50 Filing Fee \$\sum \text{\$130.00 Filing Fee & Certified Copy} \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy} \text{\$(additional copy is enclosed)} \text{\$(additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

		OMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	5:	
Xodus Business & Technology Solutions LLC	77	
(Must end with the word	ls "Limited Liability Company, "L.L.C.," or	"LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Con	npany is:
Principal Office Address:	Mailing Address:	
3330 Biscayne Dr	3330 Biscayne Dr.	ı
Merritt Island, FL 32953	Merritt Island, FL 32953	
	<u> </u>	
Phillip T. Meade	Nama	4
Phillip T. Meade		ŧ
	Name	
3330 Biscayne Dr.		: · (
Florida street address	s (P.O. Box <u>NOT</u> acceptable)	·
merritt island	FL 32953	
City	Zip	,
capacity. I further agree to comply with the p	reby accept the appointment as registered ag	ent and agree to act in this er and complete performance
	ent's Signature (REQUIRED)	. 1
Registered Age	ent's Signature (REQUIRED)	74 SECH TALL)

Title:	Name and Address:
"AMBR" = Authorized Member	THE RIP TRAILERS
"MGR" = Manager	
AMBR	Phillip T. Meade
····	3330 Biscayne Dr.
	Merritt Island, FL 32953
AMBR	Shelby S. Meade
	3330 Biscayne Dr.
	Memitt Island, FL 32953
(Use attachment if necessary)	
	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day
ective date is listed, the date must be s of filing.)	
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or 90 day
ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a n (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	nember or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
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