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T. BROWN

COVER LETTER

Corporations	•	41
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Xtreme Improveme	nt Professional Services LLC.	
Name of Lin	nited Liability Company	
s of Organization and fee(s) ar	re submitted for filing.	
espondence concerning this m	atter to the following:	
JORG		·
	Name of Person	
Xtreme Improven		C
	Firm/Company	
132		
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E-mail address: (to be used	nero1935@yahoo.com d for future annual report notifica	ation)
on concerning this matter, plea	ase call:	
OMERO at (786) 282-6680	
		lephone Number
or the following amount:		
☑\$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
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gistration Section vision of Corporations	Registration Section Division of Corporat	ione
	Xtreme Improveme. Name of Lir s of Organization and fee(s) as espondence concerning this m JORG Xtreme Improvem 132 Concerning this matter, please on concerning this matter, please on concerning this matter, please on the following amount: 132 133 134 135 136 137 138 139 139 130 130 130 131 131 132 133 134 135 135 136 137 138 138 138 138 138 138 138	Xtreme Improvement Professional Services LLC. Name of Limited Liability Company s of Organization and fee(s) are submitted for filing. sepondence concerning this matter to the following: JORGE JOSE ROMERO Name of Person Xtreme Improvement Professional Services LL: Firm/Company 13228 Canna Lily Dr. Address Orlando. FL. 32824 City/State and Zip Code iromero1935@vahoo.com E-mail address: (to be used for future annual report notification concerning this matter, please call: DMERO at 786 Daytime Televice Area Code Daytime Televice Certificate of Status Orthogonal Copy (additional copy is enclosed) Street/Courier Address gistration Section Section

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	al Services LLC. ability Company, "L.L.C.," or "LLC.") the of the Limited Liability Company is:
Xtreme Improvement Profession	al Services LLC.
	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	the of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
13228 Canna Lily Dr. Orlando, FL, 32824	13228 Canna Lily Dr. Orlando, FL. 32824
No. 10 Control of the	EFFECTIVE DATE
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agents.	egistered Agent. You must designate an individual or
JORGE_JOSE_F	ROMERO
Name	IOWE IO
13228 Çanna Li	ly Dr
Florida street address (P.O. Box N	
Orlando.	FL 32824
City	Zip
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of the capacity.	

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
"MGR" = Manager	
N/A	N/A
N/A	<u>N/A</u>
N/A	N/A
N/A	
• ,	e of filing: OCTORER 1ST 2014 (OPTIONAL)
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ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)