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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: XRP Enterprise LLC 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:		
William R. Ambrose		
XRP Enterprise LLC		
P.O. Box 1261		
Land O'Lakes FL 34639 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
William R. Ambragat (913) 917.8894 Name of Person Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \text{(additional copy is enclosed)}\$\$ Certified Copy \text{(additional copy is enclosed)}\$\$ (additional copy is enclosed)		

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Street/Courier Address 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:
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 7005 153 rd Rd. Live Oak, FL 32060 Mailing Address: P.O. Box 1261 Land 0' Lakes, FL 34639
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Name Florida street address (P.O. Box NOT acceptable) Florida street address (P.O. Box NOT acceptable) Zip Zip Zip
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 605. F.S Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each	n person authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Men "MGR" = Manager	Name and Address: Nilliam R. Awbrose P.O. Box 1261 Land O'Lokes, FL 34639
(Use attachment if necessary	
	han the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days after
<u>REQUIRED</u> SIGNATURE	
(In accordance wit constitutes an affir I am aware that an	ure of a member or an authorized representative of a member. In section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. If false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)
 	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)