

L15000109499

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
XAVIER TRUST HOLDINGS, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

*H/15 000 158 111 3.*

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF**

**XAVIER TRUST HOLDINGS, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**XAVIER TRUST HOLDINGS, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**13170 SW 128 ST SUITE # 104  
MIAMI, FL. 33186**

The mailing address shall be:

**13170 SW 128 ST SUITE # 104  
MIAMI, FL. 33186**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**JAVIER D'ESPAUX**

**13170 SW 128 ST SUITE # 104**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL. 33186**

City, State, and Zip

**FILED**  
**15 JUN 26 PM 4:48**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

H15 000 158 1113

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****ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**JAVIER D'ESPAUX**  
**13170 SW 128 ST SUITE # 104**  
**MIAMI, FL. 33186**

**MANAGER**

(An additional article must be added if an effective date is requested)



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**JAVIER D'ESPAUX**

Typed or printed name of signee

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TALLAHASSEE, FLORIDA