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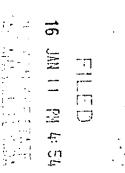
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

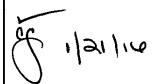
Office Use Only



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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Xante Management, LLC		
SUBJEC		mited Liability Company	
The enclo	osed Articles of Organization and fee(s) as	are submitted for filing.	
Please re	turn all correspondence concerning this m	natter to the following:	
	Ellen A. Spektor		
		Name of Person	
	Xante Management, LLC		
		Firm/Company	
	17615 Fieldbrook Circle E		
		Address	
	Boca Raton, FL 33496		
	easpektor@gmail.com	City/State and Zip Code	
		nd for future annual report notification)	
For further	information concerning this matter, pleas	se call:	
	Ellen A. Spektor 5	561 997-5434	
		Area Code Daytime Telephone Number	
Englaced	is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed))
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	FILED
Xante Management, LLC	16 JAN 11 PH 4: 50
(Must end with the words "Limited Liability C ARTICLE II - Address: The mailing address and street address of the principal office of the	ALP AMADELL FI ORDA
Principal Office Address:	Mailing Address:
17615 Fieldbrook Circle E, Boca Raton, FL33496	17615 Fieldbrook Circle E, Boca Raton, FL
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	Agent. You must designate an individual or
Ellen A. Spektor	

Name

17615 Fieldbrook Circle E

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

Boca Raton FL 33496

City State 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 (REQUIRE

(CONTINUED)

Page 1 of 2

<u> Title:</u>	Name and Address:
AMBR" = Authorized Member	_
MGR" = Manager	
MGR	Ellen A. Spektor
	17615 Fieldbrook Circle E Boca Raton, FL 33496
	Boca Ration, FL 33496
	The state of the s
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EV: Effective date, if other than the ctive date is listed, the date must filling.)	e date of filing:
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Page 2 of 2