

L17000159703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

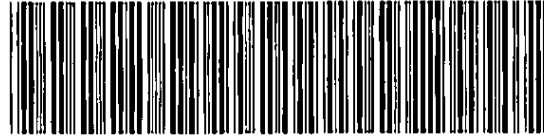
Certified Copies _____ Certificates of Status _____

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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

DATE 7-26-17
****WALK IN****

ENTITY NAME XTL Solutions - PMT, LLC

DOCUMENT NUMBER (James Profile)

****PLEASE FILE THE ATTACHED AND RETURN****

_____ Plain Copy

_____ Certified Copy

_____ Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

_____ Certified Copy of Arts & Amendments

_____ Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL \$ OWED 125.00
CHECK # 3881 + 3902

Please call Tina at the above number for any issues or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

XFL Solutions - PMT, LLC

(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:

XFL Solutions - PMT, LLC
c/o Manatee County Port Authority
500 Tampa Bay Way
Palmetto, Florida 34221

Mailing Address:

XFL Solutions - PMT, LLC
c/o Manatee County Port Authority
500 Tampa Bay Way
Palmetto, Florida 34221

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.)

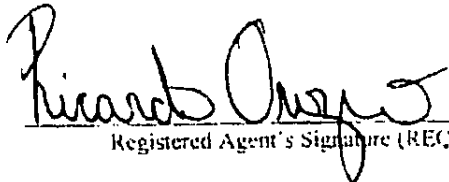
The name and the Florida street address of the registered agent are:

Registered Agent Solutions, Inc.
Name

155 Office Plaza Drive, Suite A
Florida street address (P.O. Box NOT acceptable)

Lallahassee FL 32301
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 (REQUIRED)

(CONTINUED)

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR _____

Anthony A. Cerone
234 Walnut Street
Philadelphia, PA 19106

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203(1)(b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
Constitutes a third degree felony as provided for in s.817.155, F.S.

Anthony Cerone, Authorized Member

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)