

L20000091826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

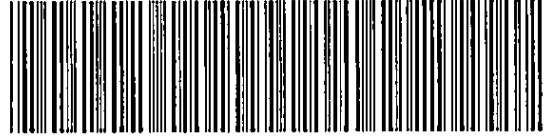
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2020 MAR 27 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FL  
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TALLAHASSEE, FLORIDA

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MAR 30 2020

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@aisincfl.com](mailto:orders@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY

Xcursions Xperience LLC

FOR OFFICE USE ONLY

### PICK ONE:

☐ CERTIFIED COPY ☒ PHOTOCOPY ☐ C.U.S.

### FILING:

☐ CORPORATION ☒ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

### RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 3/27/20 TIME \_\_\_\_\_

Notes: \_\_\_\_\_

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ARTICLES OF ORGANIZATION  
OF  
XCURSIONS XPERIENCE LLC

2020 MAR 27 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FL

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida does set forth the following:

**ARTICLE I - Name**

The name of the limited liability company is: **XCURSIONS XPERIENCE LLC**, hereinafter referred to as the "Limited Liability Company."

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 13194 US Hwy. 301 S., Ste. 228, Riverview, FL 33578.

**ARTICLE III - Period of Duration.**

The Limited Liability Company shall come into existence upon the filing of these Articles of Organization with the Secretary of State, State of Florida, and shall have perpetual existence, unless earlier terminated by operation of law or as provided in these Articles of Organization or the Operating Agreement of the Limited Liability Company.

**ARTICLE IV - Initial Registered Office and Registered Agent**

The name and address of the initial registered agent in Florida for the Limited Liability Company are: Clifford J. Hunt, Esquire, c/o Law Office of Clifford J. Hunt, P.A., 8200 Seminole Boulevard, Seminole, Florida 33772.

**ARTICLE V - Membership**

Additional persons or entities may be admitted to the Limited Liability Company on such terms and conditions as determined by the Managers and the Operating Agreement of the Limited Liability Company.

**ARTICLE VI - Purpose**

The purpose for which the Limited Liability Company is organized is to engage in any and all

businesses and activities permitted by the laws of the State of Florida. The Limited Liability Company shall have all the powers vested in a limited liability company organized and existing by virtue of such laws.

**ARTICLE VII - Management.**

The Limited Liability Company shall be managed by one or more Managers. The name and address of the initial Manager who is to serve as such until his successor(s) is/are elected and qualified is as follows:  
Hulsey L. Ebanks, Jr.

**ARTICLE VIII - Rules and Regulations of the Company**

The power to adopt, alter, amend or repeal the rules and regulations of the Limited Liability Company shall be vested in the Manager(s) of the Company in accordance with the Operating Agreement of the Limited Liability Company.

**IN WITNESS WHEREOF**, the undersigned, being the organizer of the Limited Liability Company, certifies that this instrument constitutes the proposed Articles of Organization of Xcursions Xperience LLC, pursuant to, and in accordance with, Chapter 605 of the Florida Statutes.

Duly executed at Tampa, Florida on this 20th day of March 2020.

/s/ Hulsey L. Ebanks, Jr.  
Hulsey L. Ebanks, Jr.,  
Organizer, Authorized Representative

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the above-mentioned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is: Xcursions Xperience LLC;
2. The name and street address of the registered agent and office are: Clifford J. Hunt, Esquire,

c/o Law Office of Clifford J. Hunt, P.A., 8200 Seminole Boulevard, Seminole, Florida 33772.

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.

/s/ Clifford J. Hunt

Clifford J. Hunt, Esquire  
Registered Agent

**FILED**

**2020 MAR 27 AM 9:46**

**SECRETARY OF STATE  
TALLAHASSEE, FL**