

L20000138879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

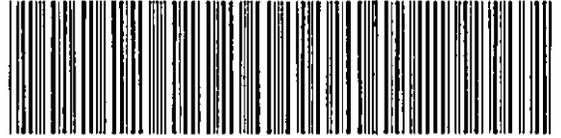
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Tomorrow  
Please Call

Office Use Only



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2020 MAY 28 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

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05/28/20--01011--005 \*155.00

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2020 MAY 28 PM 2:12

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N CULLIGAN  
MAY 29 2020

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Xtreme Germ Pros 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:

\_\_\_\_\_  
Name of Person  
Xtreme Germ Pros LLC  
\_\_\_\_\_  
Firm/Company  
1324 Hancock St. B  
\_\_\_\_\_  
Address  
Tall, Fl. 32304  
\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Johnson at (850) 339-2217  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$160.00 Filing Fee, Certificate of Status & 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 MAY 28 AM 11:22

ARTICLE I - Name:

The name of the Limited Liability Company is:

Xtreme Germ Pros LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1324 Hancock St. B  
Tall, Fl. 32304

Mailing Address:

1324 Hancock St. B  
Tall, Fl. 32304

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:

Brandon Johnson

Name

1324 Hancock St. B

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

Tall Fl. 32304

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.

*Brandon Johnson*

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:**

~~MGR~~ AMBR

Yolande Grant

1302 Globe Ct.  
Tallah, FL 32303

~~MGR~~ AMBR

Brandon Johnson

1324 Hancock St. B.  
Tallah, FL 32304

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 MAY 28 AM 11: 22

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(Use attachment if necessary)

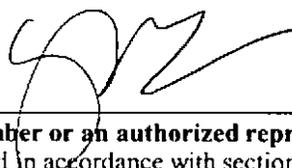
**ARTICLE V:** Effective date, if other than the date of filing: 5/28/2020 (OPTIONAL)

(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.

Yolande Grant

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)