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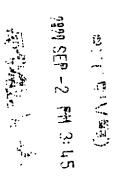
(Requestor's Name)
(Address)
(8.14)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D. sierre Fair No.)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

Office Use Only



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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 (OFFICE USE ONLY) Business Name & Document Number, (if known): Sigma XE, LLC Document Number (if known) Name x Walk in Will wait Certified Copy of: Certificate of Status **NEW FILINGS AMENDMENTS** ___ Amendment Profit Not for Profit Resignation of R.A. Officer/Director Change of Registered Agent X Limited Liability Domestication Dissolution/Withdrawal INC Merger **OTHER FILINGS REGISTRATION/QUALIFICATIONS** Annual Report ___ Foreign Limited Partnership Fictitious Name Reinstatement Trademark APOSTIL(24) Other **COUNTRY**

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Sigma XE LLC Name of Limited Liability Company	
The enclosed Articles of Organization and feets) are submitted for filing.	
Please return all correspondence concerning this matter to the following	
John Manera Name of Person	
Firm Company	
716 Red Road	
Address	
Vero Beach F-L 32963 Chi State and Zip Code	
Manerailo vapor 10	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call	
-Jehn Manera at 772 713-1245 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
XS125,00 Filing Fee & Certificate of Status Certified Copy Certificate of Certificate of Certificate of Certified Copy Certifi	i' Status & Py

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Com	pany "I I C "or "I I C")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	
Principal Office Address:	Mailing Address:
716 Reef Road	same
Vero Beach, FL. 32963	
ARTICLE III - Registered Agent, Registered Office. & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	gent. You must designate an individual or
The name and the Florida street address of the registered agent are:	2020 SEP SECRETA TALLA
John Mane	Deta LANGE T
Florida street address (P.O. Box S	OT acceptable)
Vero Beach City State	FL 32463 7 2 2

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)

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)

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

ARTICLE IV-