

L24000019492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

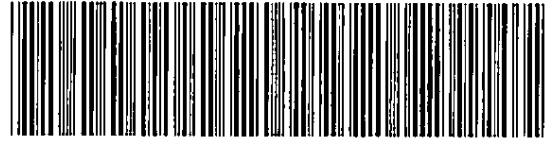
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300420757773

2024
RECEIVED
2024 JAN 12 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

XTREME LAND DEVELOPMENT, LLC

Please Debit FCA000000003 For: 125

Thank you Seth Neeley



- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____



Signature

Requested by: _____ 01/10 _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: XTREME LAND DEVELOPMENT, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOUIS OLDONI
Name of Person

X-TREME LAND DEVELOPMENT, LLC
Firm Company

621 NW 53RD STREET
Address

BOCA RATON FLORIDA 33487
City State and Zip Code

BOBBYSUNSHINESTATE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOUIS OLDONI 561 542-2016
Name of Person at () 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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

X-TREME LAND DEVELOPMENT, LLC

(Must contain 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:

621 NW 53RD STREET
BOCA RATON FLORIDA 33487

Mailing Address:

621 NW 53RD STREET
BOCA RATON FLORIDA 33487

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:

LOUIS OLDONI
Name

621 NW 53RD STREET
Florida street address (P.O. Box **NOT** acceptable)

<u>BOCA RATON</u>	<u>FLORIDA</u>	<u>33487</u>
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..

(Y) Louis Oldoni
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Merchant: Your Capital Connection

417 E. VIRGINIA ST.
SUITE 1
TALLAHASSEE, FL 32301
US

850-224-8870

Order Information

Description: XTREME LAND DEVELOPMENT
Order Number: P.O. Number:
Customer ID: Invoice Number:

Billing Information

ELAINE BRINK

Shipping Information

Shipping: 0.00
Tax: 0.00
Total: USD 225.00

Payment Information

Date/Time: 12-Jan-2024 09:40:25 PST
Transaction ID: 120224812223
Transaction Type: Authorization w/ Auto Capture
Transaction Status: Captured/Pending Settlement
Authorization Code: 68320Z
Payment Method: MasterCard XXXX6769