

L25000068957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

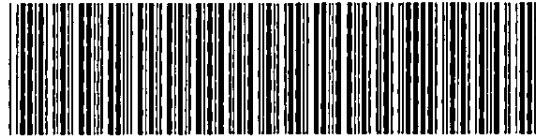
(Business Entity Name)

(Document Number)

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"

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account 120210000160: \$125.00

Authorization Signature *John F. Hall*

Xuno Group LLC

Business Name

#Document

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☐ Certified Copy

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NEW FILINGS

☐ Profit

☐ Not for Profit

☒ LLC

☐ Domestication

☐ INC

☐ CORP

☐ OTHER

AMENDMENTS

☐ Amendment

☐ Resignation of R.A.

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Conversion

☐ Statement of Authority

☐ Merger

☐ **REVOCATION OF DISSOLUTION**

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OTHER FILINGS

☐ TRANSMITTAL LETTER

☐ Fictitious Name

☐ Statement of Authority

☐ APOSTIL
COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Partnership

☐ Reinstatement

☐ Statement of CORRECTION

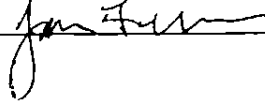
☐ Domestication of a Foreign Corp.

☐ Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
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NEW FILINGS

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 REVOCATION OF DISSOLUTION

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OTHER FILINGS

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 APOSTIL
 COUNTRY

REGISTRATION/QUALIFICATIONS

 Foreign Filing
 Partnership
 Reinstatement
 Statement of CORRECTION
 Domestication of a Foreign Corp.
 Other

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: XUNO GROUP 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:

Jonathan Ewing, Esq.

Name of Person

Aero Law Center

Firm/Company

1100 Lee Wagener Blvd Ste 211

Address

Fort Lauderdale, FL 33315

City/State and Zip Code

service@acrolawcenter.com

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

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For further information concerning this matter, please call:

Colette Jeanneau

954

666-7817

at (_____) _____

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

XUNO GROUP 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:

Mailing Address:

1265 Seminole Drive

Ft. Lauderdale FL 33304

1265 Seminole Drive

Ft. Lauderdale, FL 33304

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:

JONATHAN A. EWING, ESQ.

Name

1100 LEE WAGENER BLVD STE 211

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

FORT LAUDERDALE

FL

33315

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.

DocuSigned by

Jonathan Ewing

073808506CE44CD

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

Miguel A Gonzalez

1265 Seminole Drive, Ft. Lauderdale, FL 33304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/18/2025 (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:

Signed by:

Miguel Gonzalez

8763D1D734BB479

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.

Miguel A Gonzalez, Manager

Typed or printed name of signer

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)