

M17000008315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

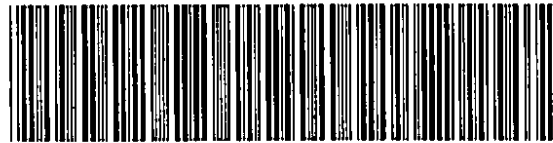
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Assignment
W17-13967*

Office Use Only



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09/13/17--01027--024 **160.00

FILED
17 SEP 27 AM 9:05
STATE COURT OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 29 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2017

ARIANNA MILLAN
128 N 2ND STREET
STE 108
CLARKSVILLE, TN 37040

SUBJECT: SUPERIOR LABOR, LLC
Ref. Number: W17000073967

We have received your document for SUPERIOR LABOR, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 617A00018745

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Superior Labor, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Tennessee (Jurisdiction under the law of which foreign limited liability company is organized) 3. 82-2247010 (FEI number, if applicable)

4. ASAP
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 128 N 2nd Street Clarksville, TN 37040 Suite 108 (Street Address of Principal Office) 6. 128 N 2nd Street Clarksville, TN 37040 Suite 108 (Mailing Address)

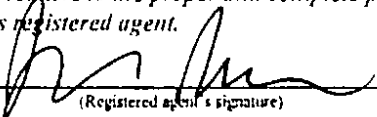
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Josh Marazzito
 Office Address: 4551 107th Circle North
Clearwater, Florida 33762
(City) (Zip code)

FILED
 17 SEP 27 AM 9:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Owner/Member</u>	<u>Arianna Millan</u> <u>128 N 2nd Street Suite 108</u> <u>Clarksville, TN 37040</u>		

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Arianna Millan
Signature of an authorized person

Arianna Millan
Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

ARIANNA MILLAN
128 N 2ND ST
CLARKSVILLE, TN 37040

September 28, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0252353

Issuance Date: 09/28/2017
Copies Requested: 1

Document Receipt

Receipt #: 003596801 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3711945508 \$20.00

Regarding: Superior Labor, LLC

Filing Type: Limited Liability Company - Domestic

Control #: 908602

Formation/Qualification Date: 06/14/2017

Date Formed: 06/14/2017

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: MONTGOMERY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Superior Labor, LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 024370122