

L15000143561

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000206278 3)))



H150002062783ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SUPERBIZ.COM, INC.
Account Number : 120070000160
Phone : (800)494-3124
Fax Number : (305)675-2811

RECEIVED

15 AUG 26 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 AUG 26 AM 9:05

FILED

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
A Sociate LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

H15000206278 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

A SOCIATE LLC

ARTICLE II ADDRESS

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

3220 6TH STREET S #201
ST PETERSBURG, FLORIDA 33705

ARTICLE III PURPOSE

The purpose for which this Limited Liability Company is organized is:

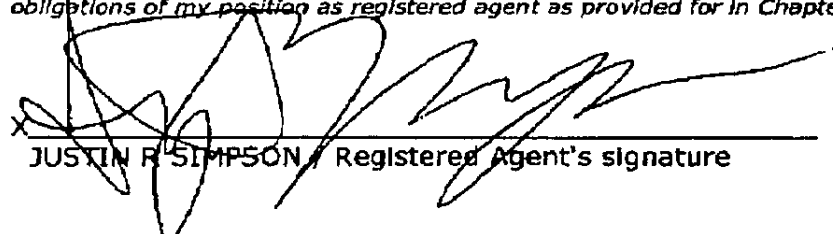
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV REGISTERED AGENT

The name and the Florida street address of the registered agent are:

JUSTIN R SIMPSON
3220 6TH STREET S #201
ST PETERSBURG, FLORIDA 33705

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.



JUSTIN R SIMPSON, Registered Agent's signature

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

15 AUG 26 AM 9:05

FILED

H15000206278 3

H15000206278 3

PAGE 2 A SOCIATE LLC

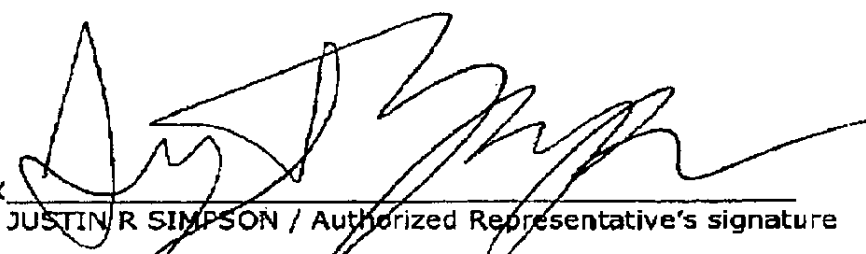
ARTICLE V

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

AUTHORIZED MEMBER
JUSTIN R SIMPSON
3220 6TH STREET S #201
ST PETERSBURG, FLORIDA 33705

15 AUG 26 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

X 
JUSTIN R SIMPSON / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

H15000206278 3