

W40000087143

Florida Department of State
Division of Corporations
Public Access System

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.

((H04000238220 3)))

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) 205-0383

From:

Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

this organization will start operating on January 15, 2005.

LIMITED LIABILITY COMPANY

SUPER ACME DEALER, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED
04 DEC -2 AM 11:15
DIVISION OF CORPORATION

SECRET
TALLAHASSEE, FLORIDA

04 DEC -2 PM 10:32

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

W4-87143
a
1-1-05

4040002382203.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF

SUPER ACME DEALER, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

SUPER ACME DEALER, LLC.

ARTICLE II - ADDRESS

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

**9701 NW 87 AVENUE
MEDLEY, FL 33178**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

NANCY CUFINO
Name

9701 NW 87 AVENUE
Florida street address (P.O.BOX NOT acceptable)

MEDLEY, FL 33178
City, State, and Zip

Yohima del Corral.
4090 SW 84 Ave
Miami, FL 33155.
(305) 485 9300.

4040002382203.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

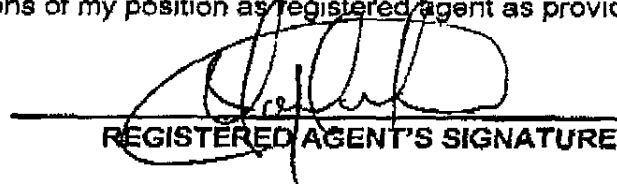
04 DEC - 2 / 11 10:32

FILED

1-1-05

H040002382203.

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 608, F.S..


REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

NANCY CUFINO
9701 NW 87 AVENUE
MEDLEY, FL. 33178

MANAGER

FRANCISCO CUFINO
9701 NW 87 AVENUE
MEDLEY, FL. 33178

MANAGER

OSCAR GRAJALES
9701 NW 87 AVENUE
MEDLEY, FL. 33178

MANAGER

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

NANCY CUFINO

Typed or printed name of signer

ARTICLE V

THIS ORGANIZATION WILL START OPERATING ON JANUARY 1ST, 2005

H040002382203.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 DEC -2 AM 10:32

FILED