Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name Account Number : I20010000247

: A 1 A CORPORATE SERVICES, INC.

Phone

: (800)494-3124

Fax Number

: (305)675-2811

ORIDA/FOREIGN LIMITED LIABILITY CO.

Supreme Service and Sales LLC

Certificate of Status	0
Certified Copy	0_
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

Supreme Service and Sales LLC

ARTICLE II ADDRESS

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

4209 Custer Dr

Vairico, Florida 33594

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Confidential Accounting, Inc.

205 W. Shell Point Rd.

Ruskin FL 33570

Having been named as registered agent 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..

x A edd: McHowan.
Confidential Accounting, Inc / Registered Agent's

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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Supreme Service and Sales LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

Dawn Wetherbe

4209 Custer Dr

Vairleo, Florida 33594

x. Down Wotherter

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.

Dawn Wetherbe

Typed or printed name of signee

SECRETARY OF STATE