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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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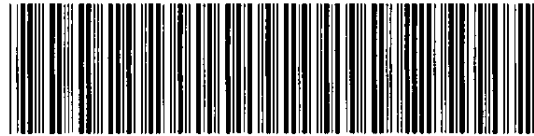
(Business Entity Name)

(Document Number)

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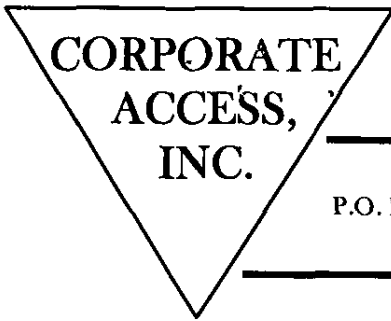
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LLC

1. Superior Property Management + Sales, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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**ARTICLES OF ORGANIZATION  
OF  
SUPERIOR PROPERTY MANAGEMENT & SALES, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is SUPERIOR PROPERTY MANAGEMENT & SALES, LLC ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

5332 U.S. Hwy 98 N.  
Lakeland, Florida 33809

Mailing Address:

P.O. Box 682  
Mulberry, FL 33860

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

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

THE RINALDO LAW FIRM, P.A.  
1102 South Florida Avenue  
Lakeland, Florida 33803

*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.*

THE RINALDO LAW FIRM, P.A.

By: William J Rinaldo  
William J Rinaldo as President

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#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Tracey Crews  
4936 Musket Drive  
Lakeland, Florida 33810

MGMR

Patricia Moses  
6257 Forestwood Drive West  
Lakeland, Florida 33811

#### REQUIRED SIGNATURE:



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.)

Tracey Crews

Typed or printed name of signee