# L 10000118940

| (                    | (Requestor's Name)       |              |
|----------------------|--------------------------|--------------|
| (                    | (Address)                |              |
| (                    | Address)                 |              |
|                      | (City/State/Zip/Phone #) |              |
|                      | ☐ WAIT                   | MAIL         |
|                      | Business Entity Name)    | <del> </del> |
| (                    | Document Number)         |              |
| Certified Copies     | Certificates of          | Status       |
| Special Instructions | to Filing Officer:       |              |
|                      |                          |              |
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Office Use Only



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T. CLINE NOV 1 6 2010 **EXAMINER** 

# **COVER LETTER**

| то:               | Registration S<br>Division of Co |   |   | ,                                      |                                       |
|-------------------|----------------------------------|---|---|--|---------------------------------------|
| SUBJI             | ECT: SUPE                        | ER SAVVY SOLU   | TIONS, LLO  |  |                                       |
|                   |                                  |   | d Liability Compar                                    |  | <del></del>                           |
| The en            | closed Articles o                | f Organization and fee(s) are s   | ubmitted for filing.                                  |  |                                       |
| Please            | return all correst               | ondence concerning this matte   | er to the following:                                  |  |                                       |
|                   | AIMEE C                          | HEVALIER  |   |  |                                       |
|                   |                                  | ,   | Name of Person  |  |                                       |
|                   | SUPER S                          | SAVVY SOLUTIO   | NS, LLC   |  |                                       |
|                   |                                  |   | Firm/Company  |  |                                       |
|                   | 604 66TH                         | AVE WEST  |   |  |                                       |
|                   |                                  |   | Address   |  | · · · · · · · · · · · · · · · · · · · |
| •                 | BRADENT                          | ON, FLORIDA 342   | 07  |  |                                       |
|                   |                                  |   | State and Zip Code                                    |  | 12 000                                |
| -                 | YOUCAND                          | OITNOW@GMAIL.CO<br>E-mail address: (to be used fo   |   | t notification)                        | <u> </u>                              |
| For fur           | ther information                 | concerning this matter, please  | ·   | · nouncation,                          | 第 5 m                                 |
|                   |                                  |   |   |  | 9 4 4 mm/s.                           |
| AIME              | EE CHEVAL                        |   | at (941   | 405-6178 941-756-                      | 2310                                  |
|                   | Name                             | of Person   | Area Code &   | & Daytime Telephone Number             |                                       |
| Enclos            | sed is a check fo                | or the following amount:  |   |  | **                                    |
| <b>j\$125.0</b> 0 | Filing Fee                       | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing<br>Certified Copy<br>(additional copy | y Certificate is enclosed) Certified C | of Status &                           |
|                   |                                  | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division of Clifton Bu                   | f Corporations                         |                                       |

Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| AK  | HCL  | L I | - N | ame |    |
|-----|------|-----|-----|-----|----|
| The | name | of  | the | Lim | it |

The name of the Limited Liability Company is:

| <b>SUPER</b> | SAVV | YYS | OLUT | IONS. | LLC |
|--------------|------|-----|------|-------|-----|
|--------------|------|-----|------|-------|-----|

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

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

| Principal Office Address:  | Mailing Address:  |             |
|--|---|-------------|
| 604 66TH AVE WEST  | 604 66TH AVE WEST   |             |
| BRADENTON, FL 34207  | BRADENTON, FL 34207   |             |
| ADTICLE III Degistered Agent Degister  | and Office & Posintaned Assetts Significant   | t sa<br>ged |
| (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) | red Office, & Registered Agent's Signature egistered Agent. You must designate an individual or another | ₹           |
| The name and the Florida street address of the registered agent are:   |   | <u> </u>    |
| AIMEE CHEVALIER  | mi de   |             |
| Name OFF   |   | 10ET        |
| 604 66TH AVE WESWT   |   | <b>₽</b>    |
| Florida street   | address (P.O. Box NOT acceptable)   |             |
| BRADENTON  | <sub>FL</sub> 34207   |             |
| City.  | State, and Zip  |             |

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

# ARTICLE IV- Manager(s) or Managing Member(s):

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

| Title:  | Name and Address:                            |          |                       |
|---|--|----------|-----------------------|
| "MGR" = Manager<br>"MGRM" = Managing Member   |  |          |                       |
| MGRM  | AIMEE CHEVALIER                              |          |                       |
|   | 604 66TH AVE WEST                            |          |                       |
|   | BRADENTON, FL 34207                          |          |                       |
|   |  |          |                       |
|   |  |          |                       |
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| *** . ***** . ***** . ***** . ***** . **** . **** . **** . **** . **** . **** . **** . **** . ***** |  |          |                       |
|   |  |          |                       |
| (Use attachment if necessary)   | ALI  | E        |                       |
| ARTICLE V: Effective date, if other than the date   | of filing:(OPTIO                             | NÆL)     | AND ST                |
| (If an effective date is listed, the date must be spe   | ecific and cannot be more than five business | lays pri | OF care.              |
| to or 90 days after the date of filing.)  |  | ້ທີ່     | ejan jarri.<br>Nga ka |
|   |  | 34.      | 1 m                   |
| REQUIRED SIGNATURE:   | رمية فرزي<br>• هي المراقبة<br>• عن المراقبة  | 5Œ.      | ,                     |
|   |  | 0#       |                       |
|   |  |          |                       |
| 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. 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.)

## AIMEE CHEVALIER

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)