

L110000695144

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EXAMINER



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2011 AUG 18 AM 10:39
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11 AUG 18 PM 2:22



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 883414 5000010

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : August 17, 2011

ORDER TIME : 9:17 AM

ORDER NO. : 883414-005

CUSTOMER NO: 5000010

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DIVISION OF CORPORATIONS
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DOMESTIC FILING

NAME: SUPERIAN SOLUTIONS, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superian Solutions, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Lentz

Name of Person

Lentz and Gengaro LLP

Firm/Company

347 Mt. Pleasant Avenue, Suite 203

Address

West Orange, NJ 07052

City/State and Zip Code

dlentz@lentzgengaro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Lentz

Name of Person

at (973) 669-8900

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Superian Solutions, 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:

854 S. White Horse Pike

Hammonton, NJ 08037

attention: Stephen Cors

Mailing Address:

845 S. White Horse Pike

Hammonton NJ 08037

attention: Stephen Cors

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Stephen M. Cors

Name

3846 St. Kitts Court

Florida street address (P.O. Box **NOT** acceptable)

Punta Gorda

FL 33950

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.

Stephen M. Cors

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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11 AUG 18 PM 2:22

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Stepehn M. Cors

854 S. White Horse Pike

Hammonton, NJ 08037

MGR

Matthew Patterson

854 S. White Horse Pike

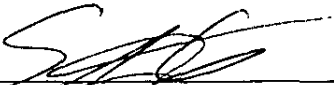
Hammonton, NJ 08037

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. 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.)

Stephen M. Cors

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)