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2011-OCT 21 AM 8: 18
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

OCT 24 2011

COVER LETTER

TO: · Registration of	n Section Corporations		
SUBJECT: Sup	erior Service Mark	eting LLC	
	Name of Limi	ted Liability Company	Print described and the described and the second an
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
<u>Jennife</u>	r Norris		<u> </u>
		Name of Person	
Superio	or Service Marketin	ig LLC	
 		Firm/Company	<u> </u>
5337 N	orth Socrum Loop F		
		Address	TAS Z
Lakeland	, Florida 33809		2011 OCT 21 SECRETARY
		ty/State and Zip Code	AND S
jen@agm	arketingflorida.com		T 21 AM 8 TARY OF STASSEE, FLG
<u> </u>	E-mail address: (to be used	for future annual report notification)	
For further informati	on concerning this matter, pleas	e call:	8: 1 STATI
Jennifer Norris	3	at (863) 934-8162	© m ∞
Nar	me of Person	Area Code & Daytime Telephone Num	ber
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, ate of Status & d Copy al 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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	y Company is:	
Superior Service Mar	keting LLC	
(Must end with the wo	rds "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal office of the Limited L	Liability Company is:
Principal Office Address:	Mailing Address:	
5337 North Socrum Loop Road Box 145	5337 North Socrum Loop R Box 145	oad
Lakeland, FL 33809	Lakeland, FL 33809	
(The Limited Liability Company cannot serve business entity with an active Florida regist) The name and the Florida street a	ddress of the registered agent are:	ividual or another
Karen Volk		FIL OCT 21 ORETARY AHASSE
	Name	m C
5377 No	rth Socrum Loop Road	TO B
	Florida street address (P.O. Box NOT acceptable)	LON GO
Lakeland	_{FL} 33809	€ ~ ~

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..

City, State, and Zip

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Jennifer Norris
	5337 North Socrum Loop Road Box 145
	Lakeland, FI 33809
•	10/19/2011
LE V: Effective date, if other than the fective date is listed, the date must be	date of filing: 10/18/2011 . (OPTIONAL specific and cannot be more than five business day
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	date of filing: 10/18/2011 . (OPTIONALE specific and cannot be more than five business day
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a may after that any false inform constitutes a third degree felony karen Volkman	r or an authorized representative of a member. 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State as provided for in s.817.155, F.S.)
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