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**EXAMINER** 

### **COVER LETTER**

TO:

Registration Section
Division of Corporations

# SUBJECT: Superior Condominium Management, 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:

Name of Person	
Firm/Company	
4131 Commons Drive West, Apt 3304	•
Address	1
Destin, FL 32541	12 FI
City/State and Zip Code	五二 6
kmanderson32563@yahoo.com	SSX SSX
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	F.S.
,,	ORIE 3
at ( )	
Name of Person Area Code & Daytime Tele	ephone Number

## 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 Company is:

## Superior Condominium Management, 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:
4131 Commons Drive West	4131 Commons Drive West
Apt 3304	Apt 3304
Destin, FL 32541	Destin, FL 32541
(The Limited Liability Company cannot serve at its or business entity with an active Florida registration.)	pistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Eric T. Anders	On Name
	Name SS =

4131 Commons Drive West, Apt 3304

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

FL 32541 City, State, and Zip Destin

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing N	Name and Address:
MGR	Eric T. Anderson 4131 Commons Drive West, Apt 3304
	Destin, FL 32541
	·
(Use attachment if neces	sary)
LE V: Effective date, if o	ther than the date of filing: (OPTIONA date must be specific and cannot be more than five business daying.)
LE V: Effective date, if of fective date is listed, the days after the date of file REQUIRED SIGNATION.	ther than the date of filing: (OPTIONA date must be specific and cannot be more than five business daying.)  RE:
LE V: Effective date, if of fective date is listed, the days after the date of file REQUIRED SIGNATU	ther than the date of filing: (OPTIONA date must be specific and cannot be more than five business daying.)  RE:  mathematical date of filing: (OPTIONA date must be specific and cannot be more than five business daying.)
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. .

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)