13000/07260

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number)	
Certified Copies	Certificate	s of Status
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JUL 36: 2013 T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Supreme Transactions 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:

riease return an corresp	ondence concerning this matt	ici to the following.		
Terassa	a Geach			
-		Name of Person		
Supren	ne Title Closin	gs LLC		
		Firm/Company		
2202 S	. Babcock, Su	uite 201		
		Address		
Melbou	rne, FL 32901	1		
<u> </u>	Cit	ty/State and Zip Code		_
tgeach@s	supremetitlellc.com		<u> </u>	291
	E-mail address: (to be used to	for future annual report notification)	F.C.	29 JUL 29
For further information	concerning this matter, please	e call:	瑟瑟	2
Tracey Kar	ndell	,,321 ,725-0115	138 50 A	9 至
Name	of Person	Area Code & Daytime Telephone Number	STATE	1 92 58
Enclosed is a check f	or the following amount:		177	e c
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Fi Certificate Certified Copy (additional copy is enclosed)	of Status Copy	&
	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

RTICLES OF ORGANIZATION FOR FE	OMDA LIVITED LIABILITY	COMIANI
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Supreme Transactions LLC (Must end with the words "Limited Liabilit	or Company of L.C. " or "LLC.")	
(Must end with the words Limited Liabilit	y Company, L.E.C., or LEC.	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Liabilit	ty Company is:
Principal Office Address:	Mailing Address:	
2202 S. Babcock Street	same	
Suite 201		
Melbourne, FL 32901		
The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Terassa Geach		ir another
Name		
2201 S. Babock Street, Suite 201		
	ress (P.O. Box NOT acceptable)	
Melbourne	FL	
City, Sta	te, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacital statutes relating to the proper and complete and accept the obligations of my position as registered Agent's Signature. [CONTINE]	his certificate, I hereby accept the apity. I further agree to comply with the performance of my duties, and I and gistered agent as provided for in Charte (REQUIRED)	opointment as he provisions of n familiar with
Page 1 of 2	, ed 	29 M 9

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Mgr	Terassa Geach
	151 Caledonia Drive, #8
	Melbourne Beach, FL 32951
Mgr	Tracey Kandell
<u>.</u>	103 Atlantic Avenue
	Indialantic, FL 32903
	ne date of filing: August 15, 2013 . (OPTIONAL) st be specific and cannot be more than five business
CLE V: Effective date, if other than the effective date is listed, the date mu	st be specific and cannot be more than five business
CLE V: Effective date, if other than the effective date is listed, the date mu	st be specific and cannot be more than five business
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more than five business
CLE V: Effective date, if other than the effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mental constitutes an affirmation und I am aware that any false info	ber or an authorized representative of a member. 08.408(3)/Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true remainor submitted in a document to the Department of State
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