(Re	questor's Name)						
	•						
78.3		·					
(Address)							
(Address)							
(Addiess)							
(Cit	ty/State/Zip/Phone	#)					
`		•					
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Cartifical Conice	Codificator	of Status					
Certified Copies Certificates of Status							
<u> </u>							
Special Instructions to	Filing Officer:						
ļ							
1							
	•						

Office Use Only



900251784029

09/27/13--01001--015 **125.00

13 SEP 26 AM II: 09 13 SEP 26 PH 4: 29

			-		
	•	1			
CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FI 222-1173	ENTS, INC. (fo ENUE - . 32301	ormerly CCRS)			
FILING COVER ACCT. #FCA-23	SHEET				
CONTACT:	Kim Weide	enbach			
DATE:	09/26/13			<u>.</u>	TAL SE
REF. #:	<u>8907465</u>		SEP 26	FILL CRETAR LAHASS	
CORP. NAME:	SUPER HO	<u>DLDINGS, LLC</u>		AH 11: 09	ED Y OF STATE
() ARTICLES OF INC	ORPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUT	FION	
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME		
() FOREIGN QUALIF	ICATION	() LIMITED PARTNERSHIP	(XX) LIMITED LIABILITY		
() REINSTATEMENT		() MERGER	() WITHDRAWAL		
() CERTIFICATE OF	CANCELLATIO	N			
() OTHER:					
	ž/_				
STATE FEES PI		TH CHECK# 70007	543 FOR \$ 125.00		
AUTHORIZATI	ON FOR A	ACCOUNT IF TO BE DEBITE	ED:		
	•				
		COST LI	MIT: \$		
					
PLEASE RETU	RN:				
() CERTIFIED COP	Y ()	CERTIFICATE OF GOOD STANDING	(XX) PLAIN STA	MPED	COPY
() CERTIFICATE O	F STATUS		·		•
	•••				
Examiner's Initial	S		SEP 2.7 2013 D. BUTLER		
	•		P 2.7		
			% D. 0		

ARTICLES OF ORGANIZATION OF SUPER HOLDINGS, LLC

The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "Company") under the Florida Limited Liability Company Act (the "Act"), as follows:

NAME

The name of the Company is: Super Holdings, LLC.

MAILING ADDRESS AND STREET ADDRESS

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

C/O Leandro Barbuscio CPA

2699 S. Bayshore Drive Ste 300 Miami FL 33133

NAME AND ADDRESS OF SOLE MANAGER

The name and address of the sole Manager of the Company is:
G and G Business Developments, LLC
C/O Leandro Barbuscio CPA
2699 S. Bayshore Drive Ste 300
Miami FL 33133

EXISTENCE

The Company's existence will commence upon filing.

INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office:

NRAI Services, Inc., 1200 South Pine Island Road Plantation, FL 33324

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.

Michael A. Silva

Authorized Representative of Member

ACCEPTANCE BY REGISTERED AGENT

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.

NRAI Services, Inc.

1200 South Pine Island Road

Plantation, FL 33324

Michele Holden, Asst. Sect

Dated: September <u>26</u>, 2013

ALLAHASSEE, FLORIDA