

U4006019110

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
DSATOM LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FEB - 4 2014

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2014 FEB -3 AM 9:32

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

DSATOM LLC

ARTICLE II ADDRESS

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

1201 LOST CREEK COURT

OSPREY, FLORIDA 34229

ARTICLE III PURPOSE

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV REGISTERED AGENT

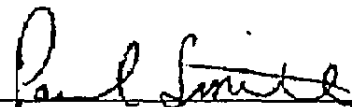
The name and the Florida street address of the registered agent are:

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

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 605, F.S..

x 

SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06 F.S.

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ARTICLE V

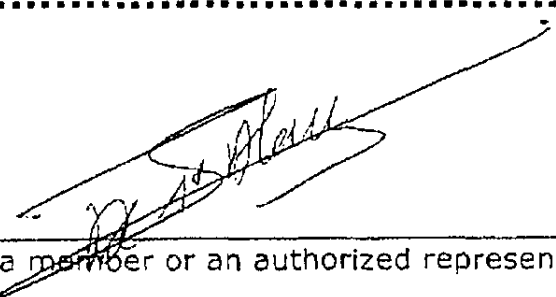
The name and address of each person authorized to manage and control the Limited Liability Company:

AUTHORIZED MEMBER

BANDOL PIZZA

1201 LOST CREEK COURT

OSPREY, FLORIDA 34229

.....

X _____
Signature of a member or an authorized representative

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(In accordance with section 605.0203 (1) (b), 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.)

GERALD DE SAINT ALARY

AUTHORIZED REPRESENTATIVE OF BANDOL PIZZA

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