

06/22/2032 23:2

503 P 000005

L14000126225

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000189599 3)))



H140001895993ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

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

Email Address: _____

RECEIVED

14 AUG 12 AM 6:47

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO. SUPERPAGESUSA LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

14 AUG 12 AM 7:37

AUG 13 2014

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

06/22/2032 23:28

#0518 P.002/005



August 12, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICE INC

SUBJECT: SUPERPAGESUSA LLC
REF: W14000049017

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

THE COVERSHEET IS FOR A CORPORATION.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III

FAX Aud. #: H14000187807
Letter Number: 214A00017221

RECEIVED

14 AUG 12 AM 6:47

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

P.O BOX 6327 - Tallahassee, Florida 32314

H14000189599

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

Superpagesusa LLC

ARTICLE II - Address:

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

1400 SW 152 PL
Miami FL 33194

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

Leidysmary ORTIZ - ESTENOZ
1400 SW 152 PL
Miami FL 33194

ARTICLE IV-

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

(MGR) LEIDYSMARY ORTIZ - ESTENOZ
(MGR) RODOLFO GARCIA - RODRIGUEZ

H14000189599

FILED
14 AUG 12 AM 7:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H 140 00189599

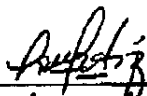
Required Signatures:**Signature of a member or an authorized representative of a member.**

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.

**Typed or printed name of signee**

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..

**Registered Agent's Signature (REQUIRED)**

FILED
14 AUG 12 AM 7:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H 140 00189599