

# L150000 81786

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.  
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Phone : (800) 494-3124  
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**FLORIDA LIMITED LIABILITY CO.**

**Bolanle LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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MAY 11 2015

T. LARSEN

4-15000113239-3

May 8, 2015

To whom it may concern:

On September 26, 2014 my corporation, BOLANLE INC. Doc# P12000064080, was administratively dissolved. We have no intention of reinstating the corporation.

I am now filing a new Limited Liability Company and do hereby release the name for use to the new entity.

Thank you,



Micaela Alford  
Authorized Member

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

The name of the Limited Liability Company is:

BOLANLE LLC

**ARTICLE II      ADDRESS**

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

677 IMPERIAL LAKE ROAD

WEST PALM BEACH, FLORIDA 33413

**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:

MICAELA ALFORD

677 IMPERIAL LAKE ROAD

WEST PALM BEACH, FLORIDA 33413

*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  \_\_\_\_\_  
MICAELA ALFORD / 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

MICAELA ALFORD

677 IMPERIAL LAKE ROAD

WEST PALM BEACH, FLORIDA 33413

.....

X   
MICAELA ALFORD / Authorized Representative's signature

*(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.)*

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