

L15000125905

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.

((H15000180123 3))



H150001801233ABCY

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)617-6381

From: Account Name : SUPERBIZ.COM, INC.
 Account Number : Y20070000160
 Phone : (800)494-3124
 Fax Number : (305)675-2811

15 JUL 24 PM 12:22
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO. JOSEPHINE DREAM LLC

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

15 JUL 24 PM 1:38

JUL 27 2015

H15000180123 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

JOSEPHINE DREAM LLC

ARTICLE II ADDRESS

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

4701 PEMBROOK PLACE
ORLANDO, FLORIDA 32811

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:

JIMMY TUNG
9823 TAPESTRY PARK CIRCLE #402
JACKSONVILLE, FLORIDA 32246

SECRETARY OF STATE
FLORIDA
15 JUL 24 PM 12:22

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 
JIMMY TUNG / Registered Agent's signature

H15000180123 3

H15000180123 3

PAGE 2 JOSEPHINE DREAM LLC

ARTICLE V

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

AUTHORIZED MEMBER
MARSHALL PHANTHACHIT
4701 PEMBROOK PLACE
ORLANDO, FLORIDA 32811

AUTHORIZED MEMBER
JOY NGUYEN
4701 PEMBROOK PLACE
ORLANDO, FLORIDA 32811

FILED
15 JUL 24 PM 12:22
SECRETARY OF STATE
ALLAHBASSE, FLORIDA



x 
MARSHALL PHANTHACHIT / 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.)

H15000180123 3