

# L150001827934

Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**\*\*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.  
MAMAOCEAN LLC**

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

JUL 29 2015  
S. GILBERT

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

The name of the Limited Liability Company is:

MAMAOCEAN LLC

**ARTICLE II ADDRESS**

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

264 TROPICAL AVENUE

MARATHON, FLORIDA 33050

**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

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**ARTICLE V**

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

AUTHORIZED MEMBER  
DOUGLAS HATTENDORF  
264 TROPICAL AVENUE  
MARATHON, FLORIDA 33050

AUTHORIZED MEMBER  
NOAH HATTENDORF  
100 BURTON DRIVE #17  
TAVERNIER, FLORIDA 33070

.....

x   
DOUGLAS HATTENDORF / 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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