L15000206278

# 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.

(((H15000206278 3)))

H15000206278 3ABC+

**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 : 120070000160
Phone : (800)494-3124
Fax Number : (305)675-2811

RECEIVED
15 AUG 26 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 AUG 26 AM 9:05
SECRETARY OF STATE
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.**

**A Sociate LLC**

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

H15000206278 3

# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

***ARTICLE I NAME***

The name of the Limited Liability Company is:

A SOCIATE LLC

***ARTICLE II ADDRESS***

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

3220 6TH STREET S #201

ST PETERSBURG, FLORIDA 33705

***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:

JUSTIN R SIMPSON

3220 6TH STREET S #201

ST PETERSBURG, FLORIDA 33705

*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.*

FILED
15 AUG 26 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X _____

JUSTIN R SIMPSON / Registered Agent's signature

H15000206278 3

H15000206278 3

PAGE 2 A SOCIATE LLC

***ARTICLE V***

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

AUTHORIZED MEMBER

JUSTIN R SIMPSON

3220 6TH STREET S #201

ST PETERSBURG, FLORIDA 33705

FILED

15 AUG 26 AM 9:05

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

X _____

JUSTIN R SIMPSON / 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.)*

H15000206278 3