

L1500016416

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.

((H15000227166 3)))



H150002271663ABC

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 : 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: _____

15 SEP 22 PM 12:01

**FLORIDA LIMITED LIABILITY CO.
CHURN CREAMERY LLC**

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

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

15 SEP 22 PM 1:41

FILED

H15000227166 3

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

ARTICLE I NAME

The name of the Limited Liability Company is:

CHURN CREAMERY LLC

ARTICLE II ADDRESS

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

4446 HENDRICKS AVENUE, STE 232

JACKSONVILLE, FLORIDA 32207

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

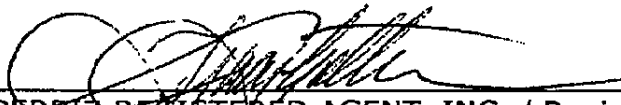
SUPERBIZ REGISTERED AGENT, INC.

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

FILED
SEP 22 PM 1:11
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

H15000227166 3

H15000227166 3

PAGE 2 CHURN CREAMERY LLC

ARTICLE IV

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

AUTHORIZED MEMBER

JULIE M JACOB

4446 HENDRICKS AVENUE, STE 232

JACKSONVILLE, FLORIDA 32207

.....

x 
JULIE M JACOB / 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.)

H15000227166 3



September 18, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SERBER & ASSOCIATES, P.A.

SUBJECT: MADA ROSH, LLC
REF: W15000061690

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The second page of the articles of organization is missing. Please refax with the complete document.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H15000218735
Letter Number: 615A00019710

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 22 PM 1:41

FILED