

LISA 2/16/5882

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.

((H15000233807 3)))



H150002338073ABC

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) 617-6361

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I2C070000160
Phone : (800) 494-3124
Fax Number : (305) 675-2813

****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.
MY FAVORITE PASTIME LLC

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

15 SEP 29 PM 3:17

15 SEP 29 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H15000233807 3

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

ARTICLE I NAME

The name of the Limited Liability Company is:

MY FAVORITE PASTIME LLC

ARTICLE II ADDRESS

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

3470 S HOPKINS AVENUE

TITUSVILLE, FLORIDA 32780

ARTICLE III REGISTERED AGENT

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

CHERYL NEWMAN

950 CYNTHIA DRIVE

TITUSVILLE, FLORIDA 32780

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 Cheryl Newman

CHERYL NEWMAN / Registered Agent's signature

FILED
SEP 29 PM 2:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

H15000233807 3

H15000233807 3

PAGE 2 MY FAVORITE PASTIME LLC

ARTICLE IV

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

AUTHORIZED MEMBER

CHERYL NEWMAN

3470 S HOPKINS AVENUE

TITUSVILLE, FLORIDA 32780

AUTHORIZED MEMBER

TERRY FRIEND

3470 S HOPKINS AVENUE

TITUSVILLE, FLORIDA 32780

.....

x 

CHERYL NEWMAN / 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.)

H15000233807 3