

L15000198547

**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.

(((H15000283739 3)))



H150002837393ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

15 DEC -1 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850) 617-6391

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I20070030160
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.
Majamoda LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC -1 AM 9:44

FILED

[Handwritten signature]

12/2/13

FILED

15 DEC -1 AM 9:44

H15000283739.3
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the Limited Liability Company is:

MAJAMODA LLC

ARTICLE II ADDRESS

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

655 HIBISCUS DRIVE

HALLANDALE BEACH, FL 33009

ARTICLE III REGISTERED AGENT

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

DAVID JAFIF

655 HIBISCUS DRIVE

HALLANDALE BEACH, FL 33009

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

DAVID JAFIF / Registered Agent's signature

H15000283739 3

H15000283739 3

PAGE 2 MAJAMODA LLC

ARTICLE IV

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

AUTHORIZED MEMBER

DAVID JAFIF

655 HIBISCUS DRIVE

HALLANDALE BEACH, FL 33009

AUTHORIZED MEMBER

JACOBO JAFIF

655 HIBISCUS DRIVE

HALLANDALE BEACH, FL 33009

.....

X

DAVID JAFIF / 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.)

H15000283739

SECRETARY OF STATE
HALLANDALE BEACH, FLORIDA

15 DEC -1 AM 9:44

FILED