

L15000201046

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.

((H15000286668 3)))



H150002866683ABC9

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

RECEIVED

15 DEC -4 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC -4 PM 1:09

RECEIVED

****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.
TPOC Papa II LLC**

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

15 DEC -4 PM 1:09

H15000286668 3

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

The name of the Limited Liability Company is:

TPOC PAPA II LLC

ARTICLE II ADDRESS

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

801 US HIGHWAY 1, STE B

NORTH PALM BEACH, FLORIDA 33408

ARTICLE III REGISTERED AGENT

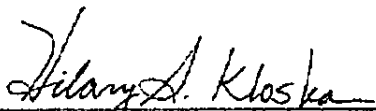
The name and the Florida street address of the registered agent are:

HILARY S KLOSKA

801 US HIGHWAY 1, STE B

NORTH PALM BEACH, FLORIDA 33408

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 

HILARY S KLOSKA / Registered Agent's signature

FILED
15 DEC -4 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H15000286668 3

H15000286668 3

PAGE 2 TPOC PAPA II LLC

ARTICLE IV

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

MANAGER

T. BRADLEY HARRIS

801 US HIGHWAY 1, STE B

NORTH PALM BEACH, FLORIDA 33408

FILED
15 DEC -4 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

.....
x 7 Bradley Harris
T. BRADLEY HARRIS / 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.)

H15000286668 3