

L15000209827

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : I200700C0160
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.****

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**FLORIDA LIMITED LIABILITY CO.
4536 VINCENNES BLVD LLC**

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

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15 DEC 21 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC 21 AM 8:42

MD 12/22

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

The name of the Limited Liability Company is:

4536 VINCENNES BLVD LLC

ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

4536 VINCENNES BOULEVARD

CAPE CORAL, FLORIDA 33904

The mailing address of the Limited Liability Company is:

540 SE 47TH TERRACE

CAPE CORAL, FLORIDA 33904

ARTICLE III REGISTERED AGENT

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

AGUSTIN TORRES

540 SE 47TH TERRACE

CAPE CORAL, FLORIDA 33904

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 

AGUSTIN TORRES / Registered Agent's signature

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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

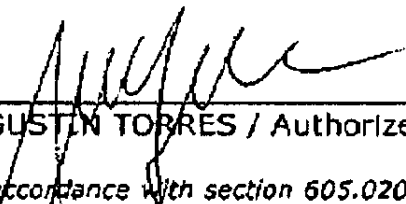
AGUSTIN TORRES

540 SE 47TH TERRACE

CAPE CORAL, FLORIDA 33904

15 DEC 21 AM 8:42
FLORIDA
NOTARY PUBLIC
J. J. J. J. J.

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X 

AGUSTIN TORRES / 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.)

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