

# L16000018568

**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.**

(((H16000024608 3)))



H160000246083ABC.

**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)675-2911

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 29 PM 4:50

**FILED**

**\*\*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.  
LENNCOR GROUP LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 29 PM 12:47

**RECEIVED**

*02 Feb 16*

H16000024608 3

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

The name of the Limited Liability Company is:

LENNCOR GROUP LLC

**ARTICLE II      ADDRESS**

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

10328 CYPRESS LAKES PRESERVE DRIVE  
LAKE WORTH, FLORIDA 33449**ARTICLE III      REGISTERED AGENT**

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

MIHAELA V BOLTZ  
10328 CYPRESS LAKES PRESERVE DRIVE  
LAKE WORTH, FLORIDA 33449FILED  
16 JAN 29 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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   
MIHAELA V BOLTZ / Registered Agent's signature

H16000024608 3

H16000024608 3

PAGE 2 LENNCOR GROUP LLC

**ARTICLE IV**

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

**AUTHORIZED MEMBER****DRAGOS CAROLI****STRADA VASILE LASCAR 80, AP. 1, SECTOR 2****BUCHAREST 20505 ROMANIA****AUTHORIZED MEMBER****MIHAELA V BOLTZ****10328 CYPRESS LAKES PRESERVE DRIVE****LAKE WORTH, FLORIDA 33449**

FILED  
16 JAN 29 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

.....

x 

MIHAELA V BOLTZ / 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.)*

H16000024608 3