

Feb 02 16 12:15p

Superbiz.com

5612428818

L16000020803

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.

((H16000027349 3)))



H160000273493ABC%

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) 617-6331

From: Account Name : SUPERBIZ.COM, INC.
Account Number : I20070300160
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.
DOS Unlimited, LLC**

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

K 02/03/16

RECEIVED
16 FEB -2 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB -2 AM 11:11

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

H16000027349 3

ARTICLE I NAME

The name of the Limited Liability Company is:
DOS UNLIMITED, LLC

ARTICLE II ADDRESS

The street address of the principal office of the Limited Liability Company is:
14435 DIVISION STREET
GROVELAND, FLORIDA 34736

The mailing address of the Limited Liability Company is:
PO BOX 384
MINNEOLA, FLORIDA 34755

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:
JOSHUA F WASDEN
12130 LAKESHORE DRIVE
CLERMONT, FLORIDA 34711

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 
JOSHUA F WASDEN / Registered Agent's signature

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB -2 AM 11:11

H16000027349 3

PAGE 2 DOS UNLIMITED, LLC

H16000027349 3

ARTICLE IV

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

AUTHORIZED MEMBER

JOSHUA F WASDEN

12130 LAKESHORE DRIVE

CLERMONT, FLORIDA 34711

AUTHORIZED MEMBER

SHARON A WASDEN

12130 LAKESHORE DRIVE

CLERMONT, FLORIDA 34711

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 FEB - 2 AM 11:11

.....

x Joshua F. Wasden

JOSHUA F WASDEN / 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.)

H16000027349 3