

Jan 09 2017 9:31AM

NICK SPRADLIN

813 435 3638

# L17000005545

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC  
Account Number : 120070000020  
Phone : (813) 435-3176  
Fax Number : (713) 429-1276

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

JNEWMAN3213@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.  
EMPIRE SUPERSTORE, LLC

Certificate of Status	0
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Page Count	03
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STATE  
FALL ANSSEE, FLORIDA

2017 JAN -9 PM 1:14

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

EMPIRE SUPERSTORE, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE II - Address:**

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

**Principal Office Address:**4839 SW 148TH AVE. STE 335DAVIE FL 33330**Mailing Address:**4839 SW 148TH AVE. STE 335DAVIE FL 33330**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

THE LAW OFFICES OF NICK SPRADLIN, PLLC

Name

2202 N. WEST SHORE BLVD. #200Florida street address (P.O. Box **NOT** acceptable)TAMPA

City

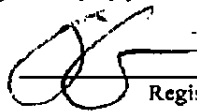
FL

State

33607

Zip

*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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

SELECTED OF STATE  
ed Liability Company  
ALLIANCE, FLORIDA

**Title:**

**"AMBR" = Authorized Member**

"MGR" = Manager

**AMBR**

**Name and Address:**

**JOSHUA NEWMAN**

4839 SW 148TH AVE. STE 335

DAVIE FL 33330

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI: Other provisions, if any.**

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

NICKOLAS J SPRADLIN ESQ. AUTH. REP. OF OF A MEMBER

Typed or printed name of signer

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**