L18000126264

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only

HAY 2 2 2018

T. SCOTT



100313310501

05/18/18--01014--011 **125.00

SECRETARY OF STATE
TALL AHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability Company is:						
SUPERB KUSTOM, LLC						
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")						
ADTICULT A 33						
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:						
The maining address and street address of the principal office of the Emilied Elability Company is.						
Principal Office Address:			Mailing Address:			
724 TAHITI DRIVE		724 TAI	724 TAHITI DRIVE			
KISSIMMEE, FLORIDA 34758		KISSIM	KISSIMMEE, FLORIDA 34758			
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:						
NORBERTO GONZALEZ						
Name						
724 TAHITI DRIVE						
Florida street address (P.O. Box NOT acceptable)						
	KISSIMMEE	FLORIDA	34758			
	City	State	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)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager NORBERTO GONZALEZ AMBR 724 TAHITI DRIVE KISSIMMEE, FLORIDA 34758 (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. INVESTMENTS OF VEHICLES & PROPERTIES **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.

NORBERTO GONZALEZ

Typed or printed name of signee

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)