

**L19000044205**

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.

((H19000059120 3)))



H190000591203ABC.

**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)675-2811

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 FEB 20 AM 9:50

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.  
XIFOS CONSULTING, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2019 FEB 20 PM 4:39

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

FEB 24 2019

H19000059120 3

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

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

Xifos Consulting, LLC

**ARTICLE II: Address**

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

2526 Hidden Creek Dr

Navarre, FL 32566

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

Michael Christopher Sneider

2526 Hidden Creek Dr

Navarre, FL 32566

FILED  
19 FEB 20 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named as registered agent 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 / s / Michael Christopher Sneider

Michael Christopher Sneider

/ Registered Agent's Signature

H19000059120 3

H19000059120 3

PAGE 2 Xifos Consulting, LLC

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

AMBR = AUTHORIZED MEMBER MGR = MANAGER

MGR: Michael Christopher Sneider

2526 Hidden Creek Dr

Navarre, FL 32566

FILED  
19 FEB 20 AM 9:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V: ANY OTHER PROVISION OR PURPOSE OF THE LIMITED LIABILITY COMPANY

---

X / s / Michael Christopher Sneider

Michael Christopher Sneider

Signature of a member or an authorized representative of a member

(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.)

H19000059120 3