

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

(((H19000067777 3)))



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 : (800)494-3124 Phone 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. **EMILILY'S LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

H19000067777 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

EMILILY'S LLC

ARTICLE II ADDRESS

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

1542 SE ROYAL GREEN CIRCLE

PORT SAINT LUCIE, FLORIDA 34952

ARTICLE III REGISTERED AGENT

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

EMILY WELLS

1542 SE ROYAL GREEN CIRCLE

PORT SAINT LUCIE, FLORIDA 34952

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 <u>/s/ Emily Wells</u>	CREIKRY ALLAHAS	19 FEB 27	
EMILY WELLS / Registered Agent's signature	OF STATE	AM 8: 07	D

H19000067777 3

PAGE 2 EMILILY'S LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER **EMILY WELLS** 1542 SE ROYAL GREEN CIRCLE PORT SAINT LUCIE, FLORIDA 34952

X /s/ Emily Wells EMILY WELLS / 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.)