

L190000075077

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.

((H19000095862 3)))



H190000958623ABC7

**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

FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
19 MAR 22 PM 2:25

**\*\*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.  
DMI Creations & More LLC**

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

C RICO  
MAR 22 2019

H19000095862 3

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

**ARTICLE I NAME**

The name of the Limited Liability Company is:

DMI CREATIONS & MORE LLC

**ARTICLE II ADDRESS**

The principal address of the Limited Liability Company is:

33 NE AVENUE I

BELLE GLADE, FLORIDA 33430

The mailing address of the Limited Liability Company is:

1025 NE 30TH STREET

BELLE GLADE, FLORIDA 33430

**ARTICLE III REGISTERED AGENT**

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

A1A REGISTERED AGENT INC.

5647 110TH AVENUE N

ROYAL PALM BEACH, FLORIDA 33411

*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 /s/ Tina Maki

TINA MAKI / Registered Agent's signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAR 22 PM 2:25

H19000095862 3

H19000095862 3

PAGE 2 DMI CREATIONS & MORE LLC

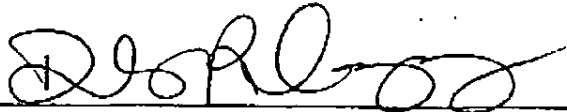
**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER  
DOLORES RODRIGUEZ  
33 NE AVENUE I  
BELLE GLADE, FLORIDA 33430

AUTHORIZED MEMBER  
IRENE RODRIGUEZ  
33 NE AVENUE I  
BELLE GLADE, FLORIDA 33430

19 MAR 22 PM 2:25  
CLERK OF COURT  
DIVISION OF CORPORATION

.....  
X   
DOLORES RODRIGUEZ / 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.)

H19000095862 3