

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

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Account Name : SUPERBIZ.COM, INC.

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## FLORIDA LIMITED LIABILITY CO. HURRICANE FITNESS & MASSAGE, LLC

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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

HURRICANE FITNESS & MASSAGE, LLC

ARTICLE II ADDRESS

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

8781 N BATES ROAD

PALM BEACH GARDENS, FLORIDA 33418

ARTICLE III REGISTERED AGENT

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

CHALICIA WASHINGTON

8781 N BATES ROAD

PALM BEACH GARDENS, FLORIDA 33418

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/ Chalicia Washington CHALICIA WASHINGTON / Registered Agent's signature

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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
CHALICIA WASHINGTON
8781 N BATES ROAD
PALM BEACH GARDENS, FLORIDA 33418

X /s/ Chalicia Washington
CHALICIA WASHINGTON / 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.)