

Florida Department of State
Division of Corporations
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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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Phone : (800) 494-3124
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.
LAGUNA BLOOM LLC**

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

M. Simmons

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

LAGUNA BLOOM LLC

ARTICLE II ADDRESS

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

9924 HERON POINTE DRIVE

ORLANDO, FLORIDA 32832

ARTICLE III REGISTERED AGENT

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

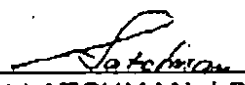
REGENCY GROUP LLC

1200 N CENTRAL AVENUE, STE 210

KISSIMMEE, FLORIDA 34741

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



VIJAY LATCHMAN / Registered Agent's signatureFILED
19 APR 10 PM 4:35
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

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THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

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PAGE 2 LAGUNA BLOOM LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

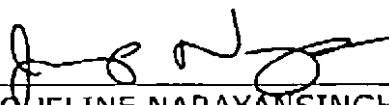
AUTHORIZED MEMBER

JACQUELINE NARAYANSINGH

9924 HERON POINTE DRIVE

ORLANDO, FLORIDA 32832

.....

X 

JACQUELINE NARAYANSINGH / 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.)

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