



Florida Department of State

Division of Corporations
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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

****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.
BRAIDEDXBANDIT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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J. FASON

APR 15 2019

FILED
2019 MAR 12 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FL

H.19000121986.3

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

ARTICLE I NAME

The name of the Limited Liability Company is:

BRAIDEDXBANDIT LLC

ARTICLE II ADDRESS

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

2562 GARDENS PARKWAY

PALM BEACH GARDENS, FLORIDA 33410

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

Click here to enter text. / 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

NICOLE EPISCOPO

2562 GARDENS PARKWAY

PALM BEACH GARDENS, FLORIDA 33410

AUTHORIZED MEMBER

NICHOLAS NELSON

2562 GARDENS PARKWAY

PALM BEACH GARDENS, FLORIDA 33410

.....

X /s/ nicole episcopo

NICOLE EPISCOPO / 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.)