

L19000104671

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.
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****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.
LAID BY LINA LLC**

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

2019 APR 24 PM 4:32

10:11 AM
ALL INFORMATION
AT THE OFFICE OF THE
CLERK OF THE
SUPREME COURT
OF THE STATE OF FLORIDA

19 APR 24 PM 4:48

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#19000135055.3

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

The name of the Limited Liability Company is:

LAID BY LINA LLC

ARTICLE II ADDRESS

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

14265 SW 274TH WAY

HOMESTEAD, FLORIDA 33032

ARTICLE III REGISTERED AGENT

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

MYRLINA ELDRIDGE

14265 SW 274TH WAY

HOMESTEAD, FLORIDA 33032

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/ Myrlina Eldridge

MYRLINA ELDRIDGE / Registered Agent's signature

CLERK OF STATE
ALABAMA
TALLAHASSEE, FLORIDA

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PAGE 2 LAID BY LINA LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

MYRLINA ELDRIDGE

14265 SW 274TH WAY

HOMESTEAD, FLORIDA 33032

.....

X /s/ Myrlina Eldridge

MYRLINA ELDRIDGE / 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.)

FILED
19 APR 24 PM 4:47
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA