

L19000108572

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
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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ARTISAN WOODWORKS AND EXOTICS LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
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2019 APR 26 AM 9:32

2019 APR 26 AM 11:51
FALL ACHSEPT. 2019

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

2019 APR 26 AM 11:51
of Gov. Robert L. Lauderbach
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the Limited Liability Company is:

ARTISAN WOODWORKS AND EXOTICS LLC

ARTICLE II ADDRESS

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

3621 S BELCHER DRIVE

TAMPA, FLORIDA 33629

ARTICLE III REGISTERED AGENT

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

STANLEY L NITKOWSKI III

12625 OAK ARBOR LANE

BOYNTON BEACH, FLORIDA 33436

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/ Stanley L. Nitkowski III

STANLEY L NITKOWSKI III / Registered Agent's signature

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PAGE 2 ARTISAN WOODWORKS AND EXOTICS LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

TIMOTHY B HANSTED

3621 S BELCHER DRIVE

TAMPA, FLORIDA 33629

AUTHORIZED MEMBER

STANLEY L NITKOWSKI III

12625 OAK ARBOR LANE

BOYNTON BEACH, FLORIDA 33436

.....

X /s/ Timothy B. Hansted
TIMOTHY B HANSTED / 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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