

L19000/15051

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000146786 3)))



H190001467863ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : 120070000160
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. REALIZE OUTCOMES LLC

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

** 2nd Request * Please keep original file date 05.02.2019*

19 MAY -6 AM 9:01

FILED
DIVISION OF CORPORATIONS

2019 MAY -6 AM 1

#19000146786.3

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

ARTICLE I NAME

The name of the Limited Liability Company is:

REALIZE OUTCOMES LLC

ARTICLE II ADDRESS

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

6650 WILLOWSHIRE WAY

BRADENTON, FLORIDA 34212

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

TINA MAKI / Registered Agent's signature

19 MAY - 6 AM 9:01

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

H-19000146786-3

PAGE 2 REALIZE OUTCOMES LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

MICHAEL F CAULEY
6650 WILLOWSHIRE WAY
BRADENTON, FLORIDA 34212

AUTHORIZED MEMBER

DOROTHEA CAULEY
6650 WILLOWSHIRE WAY
BRADENTON, FLORIDA 34212

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 MAY -6 AM 9:01

.....

X /s/ Michael F. Cauley

MICHAEL F CAULEY / 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.)