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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.
No Empty Seats Management LLC**

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

2019 JUN -7 PM 3:47

19 JUN -7 PM 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H.19000181140:3

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

ARTICLE I: NAME

The name of the Limited Liability Company is:

No Empty Seats Management LLC

ARTICLE II: Address

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

3505 Valverde Cir

Jacksonville, FL 32224

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

Christina Smith

3505 Valverde Cir

Jacksonville, FL 32224

Having been named as registered agent 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/ Christina Smith

Christina Smith

/ Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

AMBR = AUTHORIZED MEMBER MGR = MANAGER

AMBR: Christina Smith

3505 Valverde Cir

Jacksonville, FL 32224

AMBR: Joseph Smith

3505 Valverde Cir

Jacksonville, FL 32224

ARTICLE V: ANY OTHER PROVISION OR PURPOSE OF THE LIMITED LIABILITY COMPANY

X / s / Christina Smith

Christina Smith

Signature of a member or an authorized representative of a member

(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.)