

L19000153737

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H190001917583)))



H190001917583ABCS

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 : SUPERBLZ.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.

Ascend Capital International LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2019 JUN 19 PM 12:50

FILED
19 JUN 19 AM 7:30
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

JUN 20 2019

H19 000 191 758 3

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

The name of the Limited Liability Company is:

ASCEND CAPITAL INTERNATIONAL LLC**ARTICLE II: Address**

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

**50 N LAURA ST STE 2500
JACKSONVILLE, FLORIDA 32202****ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE****AVERY BASS
50 N LAURA ST STE 2500
JACKSONVILLE, FLORIDA 32202**

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/ AVERY BASS**AVERY BASS** / Registered Agent's Signature19 JUN 19 AM 7:30
FILED
JACKSONVILLE, FLORIDA

H19 000 191 758 3

H190001917583

PAGE 2**ASCEND CAPITAL INTERNATIONAL LLC**

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

AMBR = AUTHORIZED MEMBER MGR = MANAGER

AMBR:**AVERY BASS****50 N LAURA ST STE 2500****JACKSONVILLE, FLORIDA 32202**

x /S/ AVERY BASS

AVERY BASS

FILED
JUN 19 2000
FALLADASSSEE, FLORIDA

19 JUN 19 AM 7:30

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.)

H190001917583