Fixide Department of State Avision of a rport ons Footronic to in Cover steet

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.

(((H19000196809 3)))

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 : 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. COMMITMENT LLC

	THE PROPERTY OF LIVER THE PARTY OF THE
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

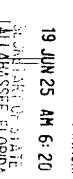
K. PAGE

JUN 2 6 2019

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

COMMITMENT LLC

. .

<u>ARTICLE II ADDRESS</u>

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

3860 WIND DANCER CIRCLE

SAINT CLOUD, FLORIDA 34772

ARTICLE III REGISTERED AGENT

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

KEVIN STRAWTER

3860 WIND DANCER CIRCLE

SAINT CLOUD, FLORIDA 34772

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 dosition as registered agent as provided for in Chapter 605, F.S.

KEVÍN STRAWTER / Registered Agent's signature

PAGE 2 COMMITMENT LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
KEVIN STRAWTER
3860 WIND DANCER CIRCLE
SAINT CLOUD, FLORIDA 34772

KEVIN STRAWTER / 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.)