Division of Corporations Electronic Filing Cover Sheet

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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

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO. SOLIS CUSTOM EPOXY FLOORING AND COUNTERTOPS LLC

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

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

SOLIS CUSTOM EPOXY FLOORING AND COUNTERTOPS LLC

ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

3245 W NEW HAVEN AVENUE UNIT 11

MELBOURNE, FLORIDA 32904

The mailing address of the Limited Liability Company is:

95 KATHERINE BOULEVARD

MELBOURNE, FLORIDA 32904

ARTICLE III REGISTERED AGENT

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

RENE SOLIS

3245 W NEW HAVEN AVENUE UNIT 11

MELBOURNE, FLORIDA 32904

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/ rene solis

RENE SOLIS / Registered Agent's signature

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PAGE 2 SOLIS CUSTOM EPOXY FLOORING AND COUNTERTOPS LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
RENE SOLIS
3245 W NEW HAVEN AVENUE UNIT 11
MELBOURNE, FLORIDA 32904

K<u>/s</u>/ rene solis

RENE SOLIS / 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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