

U19000171423

Florida Department of State

Division of Corporations
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To:

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

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Account Name : SUPERBIZ.COM, INC.
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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.****

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FLORIDA LIMITED LIABILITY CO.**J&J PROPRIETORS, LLC**

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

2019 JUL 12 PM 12:24

19 JUL 12 AM 10:59
DIVISION OF CORPORATIONS

H-19000211923-3

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

RECEIVED
DIVISION OF REVENUE
19 JUL 12 AM 10:09

ARTICLE I NAME

The name of the Limited Liability Company is:

J&J PROPRIETORS, LLC

ARTICLE II ADDRESS

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

4382 SIBLEY BAY STREET APT A
PORT CHARLOTTE, FLORIDA 33980

ARTICLE III REGISTERED AGENT

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

BARBARA MEDLOCK
4382 SIBLEY BAY STREET APT A
PORT CHARLOTTE, FLORIDA 33980

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/ Barbara J. Medlock

BARBARA MEDLOCK / Registered Agent's signature

#190002119233

PAGE 2 J&J PROPRIETORS, LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

BARBARA MEDLOCK

4382 SIBLEY BAY STREET APT A

PORT CHARLOTTE, FLORIDA 33980

19 JUL 12 AM 12:00
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STATE OF FLORIDA
DEPARTMENT OF STATE

.....
X /s/ Barbara J. Medlock

BARBARA MEDLOCK / 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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