

UF000174869

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SUPERBIZ.COM, INC.
Account Number : T20070000160
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.
SUNSHINE SERVICES OF THE TREASURE COAST LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
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J. FASON

JUL 19 2019

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 18 AM 9:01

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#19000217214.3

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

ARTICLE I NAME

The name of the Limited Liability Company is:

SUNSHINE SERVICES OF THE TREASURE COAST LLC

ARTICLE II ADDRESS

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

10452 SW SARAH WAY

PORT ST LUCIE, FLORIDA 34987

ARTICLE III REGISTERED AGENT

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

JOHN R MORELLI

10452 SW SARAH WAY

PORT ST LUCIE, FLORIDA 34987

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 

JOHN R MORELLI / Registered Agent's signature

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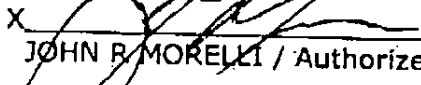
PAGE 2 SUNSHINE SERVICES OF THE TREASURE COAST LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
JOHN R MORELLI
10452 SW SARAH WAY
PORT ST LUCIE, FLORIDA 34987

.....

X 
JOHN R MORELLI / 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.)