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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 : 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: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2019 JUL 30 AM 11:17

**FLORIDA LIMITED LIABILITY CO.
LEISURE RESIDENTS LLC**

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

H-19000228126-3

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

The name of the Limited Liability Company is:

LEISURE RESIDENTS LLC

ARTICLE II ADDRESS

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

17368 47TH COURT N

LOXAHATCHEE, FLORIDA 33470

ARTICLE III REGISTERED AGENT

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

ARLTON ROBINSON

17368 47TH COURT N

LOXAHATCHEE, FLORIDA 33470

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/ Arlton Robinson

ARLTON ROBINSON / Registered Agent's signature

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

ARLTON ROBINSON

17368 47TH COURT N

LOXAHATCHEE, FLORIDA 33470

2019 JUL 30 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLX /s/ Arlton Robinson

ARLTON ROBINSON / 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.)