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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: _____

**FLORIDA LIMITED LIABILITY CO.
SAVSZN, LLC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUL 31 AM 11:22

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

ARTICLE I: NAME

The name of the Limited Liability Company is:

SAVSZN, LLC

ARTICLE II: Address

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

**9526 ARGYLE FOREST BLVD STE B2 #457
JACKSONVILLE, FLORIDA 32222**

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE

**CARA SIMPSON
10100 BAYMEADOWS ROAD APT 201
JACKSONVILLE, FLORIDA 32256**

Having been named as registered agent 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/ Cara Simpson

CARA SIMPSON / Registered Agent's Signature

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SAVSZN, LLC

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

AMBR = AUTHORIZED MEMBER MGR = MANAGER

AMBR:

CARA SIMPSON

**9526 ARGYLE FOREST BLVD STE B2 #457
JACKSONVILLE, FLORIDA 32222**

X /S/ Cara Simpson

CARA SIMPSON

Signature of a member or an authorized representative of a member

(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.)