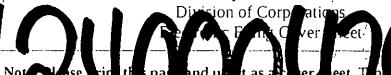
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Division of Corporations

Florida Department of State



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381 } .*

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future.

Email Address:___

FLORIDA LIMITED LIABILITY CO. SUPERCRUISES FLORIDA LLC.

Certificate of Status	0
Certified Copy	0
Page Count :	02
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

11:53:35.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUPERCRUISES FLORIDA LLC.

(Must contain the words "Limited Liability Company, "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7901 4th St N

STE 300

17.00

47 PM

FL St. Petersburg

11 Nirvana Street

(1) Voula : 1. i či bis. Attica 16673: Greece 1 /1/1 /i

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

33702

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

Name

7901 4th St N

STE 300

P v!

Zip

Florida street address (P.O. Box NOT acceptable)

St. Petersburg

FL 33702

City

State

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

AR ACLEANA MINE OF FIRE

ALEXANDROS PANACOPOULOS 7901 445 SEN STE 3003, Acc. 1 in Inc. SL. Patersburg, EL 33702 (Use attachment if necessary) (Use attachment if necessary) TICLE V: Effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 da date of filing. If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be document's effective date on the Department of State's records. TICLE VI: Other provisions, if any, relagent REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605 2023 (1) (b). Florida Statutes, 1 am aware that any fishes information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S. Robin	Title:		Name and Address:		•
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To: 18506176381