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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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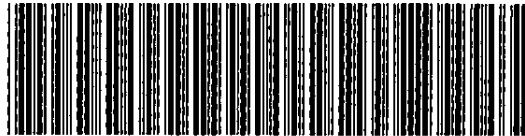
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 MAR 23 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 15 2015
T. HAMPTON



3/20/2015

Florida Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

RE: Foreign LLC Registration, Superlative Investments

Enclosed is an application by a foreign limited liability company for authorization to transact business in Florida, for Superlative Holdings LLC of New York.

The e-mail address for annual report notices is atucker57@msn.com

Payment of \$125 for processing is included, to cover:

\$100 Filing fee for application
\$25 Designation of Registered Agent

Please return acknowledgement to:

Safeguard Advisors, LLC
1800 Blankenship Rd
Suite 200
West Linn, OR 97068

FAX: 888-456-5303
E-mail: newaccounts@ira123.com

Thank you,

A handwritten signature in black ink, appearing to read 'Brian Eastman', written over a horizontal line.

Brian Eastman
Sr. Consultant

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **SUPERLATIVE HOLDINGS, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. **NEW YORK**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **45-4040827**

(FEI number, if applicable)

4. **n/a**

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **4160 N. HIGHWAY A1A, UNIT 206A**

FORT PIERCE, FL 34949

(Street Address of Principal Office)

6. **4160 N. HIGHWAY A1A, UNIT 206A**

FORT PIERCE, FL 34949

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

ANTHONY TUCKER, MANAGER, 4160 N. HIGHWAY A1A, UNIT 206A, FORT PIERCE, FL 34949

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., 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.)

ANTHONY TUCKER

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SUPERLATIVE HOLDINGS, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

ANTHONY TUCKER

(Name)

4160 N. HIGHWAY A1A, UNIT 206A

Florida Street Address (P.O. Box NOT ACCEPTABLE)

FORT PIERCE

FL 34949

City/State/Zip

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, Florida Statutes.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that SUPERLATIVE HOLDINGS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/12/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 04th day of March two
thousand and fifteen.*

Anthony Scardino

Executive Deputy Secretary of State