

## Florida Department of State

**Division of Corporations** Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : I20010000112 Phone

: (302)575-0875

Fax Number

: (302)575-0925

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

## SPOHN GLOBAL ENTERPRISES LLC

Certificate of Status	0
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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

#### SPOHN GLOBAL ENTERPRISES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

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

Mailing Address

Trucipal Office Address.	Maning Addiess:
1727 SW 108 Way	PO Box 22855
Davie, FL 33324	Ft. Lauderdale, FL 33335
	••,

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.)

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

Agents and Corporations, Inc.

300 Fifth Avenue South, Suite 101-330
Florida street address (P.O. Box NOT acceptable)

Naples FL 34102

City, State, and 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 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:		
"MGR" = Manager "MGRM" = Manag	ing Member			
MGR		James Kenneth Spohn		
	a.	1727 SW 108 Way		
		Davie, FL 33324		
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ICLE V: Effective dat				IONAL)
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Š	gnature of a member	or an authorized representative of a	member	
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0.	n accordance with section f this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the ex- tes an affirmation under the penalties o ein are true.)	<b>~~~</b>	Ö
(	Christopher M. R	Riser, Authorized Represer	ntative	، سچ هاند
=		d or printed name of signee	<del></del>	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)