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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

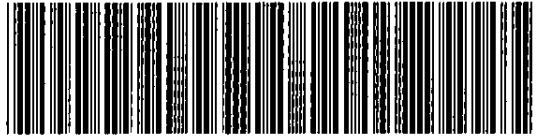
(Business Entity Name)

(Document Number)

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10 MAR 12 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

MAR 15 2010

EXAMINER

S. HAWKES

FEA 5-2010

EXAMINER

1010 1034



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2010

MARK ROSENQUIST
12157 WEST LINEBAUGH AVE SUITE 383
TAMPA, FL 33626

SUBJECT: SPECIALTY PRODUCTS AND INFORMATION, LLC
Ref. Number: W10000006034

We have received your document for SPECIALTY PRODUCTS AND INFORMATION, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 510A00003045

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Specialty Products and Information, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Rosenquist

Name of Person

Firm/Company

12157 West Linebaugh Avenue Suite 383

Address

Tampa, Florida 33626

City/State and Zip Code

MarkRRosenquist@BellSouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Rosenquist

Name of Person

at (

850)

691-7983

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Specialty Products and Information, LLC.

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

12157 West Linebaugh Avenue
Suite 383
Tampa, Florida 33626

12157 West Linebaugh Avenue
Suite 383
Tampa, Florida 33626

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:

Mark Rosenquist

Name

12157 West Linebaugh Avenue Suite 383

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

Tampa, FL 33626 FL

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Mark Rosenquist

12157 West Linebaugh Ave Suite 383

Tampa, Florida 33626

(Use attachment if necessary)

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10 MAR 12 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mark Rosenquist

Typed or printed name of signee

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)