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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 541-3694
Fax Number : (305) 541-3770

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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

SPARTY INDUSTRIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION
OF
SPARTY INDUSTRIES, LLC

Article I. Name.

The name of the limited liability company ("LLC") is:

SPARTY INDUSTRIES, LLC

Article II. Address.

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

1885 S. W. 4th Avenue
Delray Beach, FL 33444

Article III. Registered Agent, Registered Office & Registered Agent's Signature.

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

Bob McInnes
1885 S. W. 4th Avenue
Delray Beach, FL 33444

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 that 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 under Chapter 608, F.S..


Registered Agent's Signature

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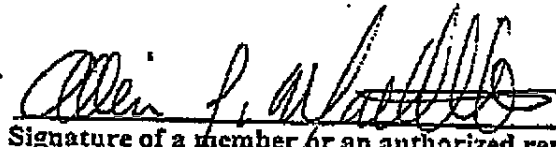
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H 01000019377**Article IV. Management (check as applicable)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

☐ The Limited Liability Company is to be managed by its members, and is therefore, a member-managed company.



Signature of a member or an authorized representative of a member

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation, under the penalties of perjury that the facts stated herein are true.)

ALLEN J. MARCOVITCH

Typed or Printed Name of Signee

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