

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (305) 789-9201

LIMITED LIABILITY COMPANY

SPM2 LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
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01 APR 26 PM 3:08

TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
OF
SPM2 LLC

ARTICLE I

The name of the limited liability company formed hereby is SPM2 LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The mailing and street address of the principal office of the Limited Liability Company shall be as follows:

Fowler, White, Burnett, Hurley, Banick & Strickroot, P.A.
100 S.E. Second Street
17th Floor
Miami, Florida 33131

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Brad K. Saunders, Esq.
Fowler, White, Burnett, Hurley, Banick & Strickroot, P.A.
100 S.E. 2nd Street, 17th Floor
Miami, Florida 33131


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ARTICLE V

The Limited Liability Company shall be a manager-managed company.



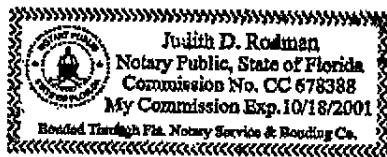
Brad K. Saunders, as Authorized Representative of the
Member of the Limited Liability Company


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STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

Before me personally appeared Brad K. Saunders, as Authorized Representative of the Member of SPM2 LLC, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 26th day of April, 2001.





Notary Public
Print Name: JUDITH D. RODMAN
My Commission expires: 10/18/2001

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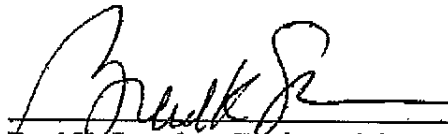
CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is SPM2 LLC.
2. The name and address of the Registered Agent and Office is:

Brad K. Saunders, Esq.
Fowler, White, Burnett, Hurley, Banick & Strickroot, P.A.
100 S.E. 2nd Street, 17th Floor
Miami, Florida 33131


Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.



Brad K. Saunders, Registered Agent

Date: 4/26/01

SPM2 LLC

By: 

Brad K. Saunders, as Authorized
Representative of the Members of the
Limited Liability Company

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