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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 : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**LIMITED LIABILITY COMPANY**

**SPEAR, SAFER, HARMON CERTIFIED PUBLIC ACCOUNTANTS, P.L.**

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 4, 2002

FAS-T CORP. AGENTS, INC.

SUBJECT: SPEAR, SAFER, HARMON CERTIFIED PUBLIC ACCOUNTANTS, P.L.  
REF: W01000029603

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If this is a Professional Limited Liability Company, you must use the suffix PL or PLC, if it is not a Professional company, remove any reference of this from the Articles.

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) 245-6967.

Michelle Hodges  
Document Specialist

FAX Aud. #: H01000124437  
Letter Number: 402A00000445

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Professional Limited Liability Company is:

**SPEAR, SAFER, HARMON CERTIFIED PUBLIC ACCOUNTANTS, P.L.L.**

Effective January 1, 2002

**ARTICLE II - Address: and Purpose**

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

**8350 N.W. 52<sup>ND</sup> TERRACE, SUITE 301  
MIAMI, FLORIDA 33166**

The purpose of this Corporation is: Accounting & Tax services.

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**M. Glenn Spear**

Name

**8350 N.W. 52<sup>ND</sup> Terrace, Suite 301**

Address

**Miami, Florida 33176**

City, State, Zip

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*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

**Article IV - Management**

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

  
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.)

**M. Glenn Spear**

Typed or printed name of signee