

# L040000016727

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Name & suffix

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spears Electric  
(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:

DAVID E SPEARS  
(Name of Person)

SPEARS Elect.  
(Firm/Company)

1242 WRIGHTS CREEK Rd.  
(Address)

BONIFAY, FLA. 32425  
(City/State and Zip Code)

For further information concerning this matter, please call:

DAVID E SPEARS at (850) 263 4381  
(Name of Person) (Area Code & Daytime Telephone Number)

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**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 17, 2004

DAVID E. SPEARS  
SPEARS ELECT  
1242 WRIGHTS CREEK RD  
BONIFAY, FL 32425

SUBJECT: SPEARS ELECTRIC  
Ref. Number: W04000006684

We have received your document for SPEARS ELECTRIC 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 name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

You must put the name of the LLC and the suffix in Articles I of the application.

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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 604A00010703

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SPENRS Electric LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1242 WRIGHTS CREEK Rd  
Bonifay, FLA 32425

**Mailing Address:**

1242 WRIGHT CREEK Rd  
Bonifay, FLA 32425

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

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

DAVID E SPENRS  
Name

1242 WRIGHTS CREEK Rd.  
Florida street address (P.O. Box NOT acceptable)

Bonifay FLORIDA 32425  
City, State, and 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, Florida Statutes..*

David E Spens  
Registered Agent's Signature

**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:**

MGR

DAVID E SPEARS  
1342 WRIGHTS CREEK RD  
CONIFER, FLA. 32425

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

David E. Spears

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.)

DAVID E SPEARS

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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