

L04000019064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

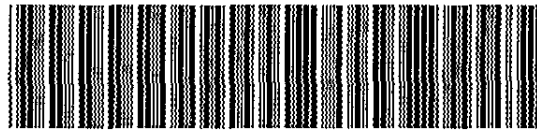
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MPRS, 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:

MERWIN P. SPEARS  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

1227 DEL PRADO BLVD. S. #201  
(Address)

CAPE CORAL FL 33990  
(City/State and Zip Code)

For further information concerning this matter, please call:

MERWIN P. SPEARS at ( 239 ) 574-9350  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MPRS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1227 DEL PRADO BLVD. S. #201

CAPE CORAL FL 33990

**Mailing Address:**

1227 DEL PRADO BLVD. S. #201

CAPE CORAL FL 33990

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

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

MERWIN P. SPEARS

Name

1227 DEL PRADO BLVD. S. #201

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

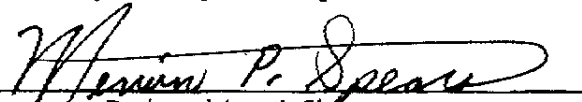
CAPE CORAL

FLORIDA 33990

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..*

  
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:**

MGRM

MERWIN P. SPEARS

1227 DEL PRADO BLVD. S. #201

CAPE CORAL FL 33990

MGRM

RONALD N. SPEARS

5229 LITTLE CEDAR LANE

WEST BEND WI 53095

MGRM

PAULETTE R. SPEARS

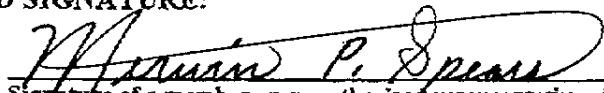
5229 LITTLE CEDAR LANE

WEST BEND WI 53095

(Use attachment if necessary)

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

**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.)

MERWIN P. SPEARS

Typed or printed name of signer

**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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