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-OR  
FILING DATE  
8-1-04



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 12, 2004

MICHAEL SPALLANE  
P.O. BOX 1623  
INVERNESS, FL 34451

SUBJECT: SIPRO ASSOCIATES L.L.C.  
Ref. Number: W04000026455

We have received your document for SIPRO ASSOCIATES L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on July 8, 2004. Please amend your document accordingly.

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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 004A00044341

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: SIPRO ASSOCIATES LLC

Enclosed is an original and one (1) copy of the articles of organization and a check for:

\$125.00 for filing fee & Designation of Registered Agent.

FROM: Michael Spallane

P O Box 1623

Inverness, fl. 34451

(352) 212-9560

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

**ARTICLE 1 - Name:**

The name of the limited liability company is:  
**SIPRO ASSOCIATES L.L.C.**

**ARTICLE II - DURATION**

This Limited Liability Company shall have perpetual existence commencing on August 1, 2004

**ARTICLE III - PURPOSE**

This Limited Liability Company is organized for the purpose of transacting any and all Lawful business.

**ARTICLE IV -Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**PO Box 1623  
INVERNESS, FL. 34451**

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

**MICHAEL SPALLANE**  
Name  
6223 E Lynn St  
Florida Street Address  
INVERNESS, FL. 34452  
City, State, Zip

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.

*Michael Spallane*  
Registered Agent's Signature

**ARTICLE VI - Management:**

The Limited Liability Company is to be managed by the members of the organization.

(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.)

*Michael Spallane*  
**MICHAEL SPALLANE**

EFFECTIVE DATE  
8-1-04