104000055099

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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07/23/04--01033--011 **125.00

W4-55099

4451 3rd. Ave. N.

July 18, 2004

Division of Corporations Department of State P. O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam:

I would like to file the Articles of Organization for a Limited Liability Company, Spruce, LLC. I am enclosing the original and 2 copies of the Articles of Organization for this company, along with a check for the amount of \$125.00 in payment of the \$100.00 filing fee and the \$25.00 registered agent fee. I would like to request that the photocopy of the articles be stamped with the filing date and returned to me.

Regards,

Lisa Leighton

Enclosures (3)

TRANSMITTAL LETTER

Division of Corporation	ons	
P.O. Box 6327		
Tallahassee, FL 32314		
SUBJECT:	Spruce, LLC	
(P	roposed limited liability company name - must include suffix)	

Enclosed is an original and one (1) copy.

- Department of State

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization \$25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Lisa Leighton
Name (Printed or typed)
4451 3RD Ave. N.
Address
St. Petersburg, FL 33713 City, State & Zip
727-322-1373
Daytime Telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liability Company is: Spruce, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 4451 3 RD Ave N., St. Peters burg, FL 33713
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Lisa Leighton
YYSI 3 RD Ave. N Florida street address (P.O. Box NOT acceptable)
St. Petersburg FL 33713 City, State, and 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. Registered Agent's Signature
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
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.)
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)