

L04000059178

Joseph Spell  
4 Lychee Dr.  
Winter Haven, FL  
33881

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

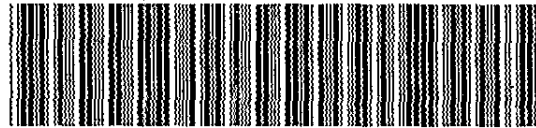
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spell Enterprises, 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:

Joseph Spell  
(Name of Person)

SPELL ENTERPRISES, LLC  
(Firm/Company)

4 LYCHEE DR.  
(Address)

WINTER HAVEN,  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSEPH SPELL at (863) 602-2583  
(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:

SPELL ENTERPRISES, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

JOSEPH SPELL

JOSEPH SPELL

4 LYCHEE DR.

4 LYCHEE DR

WINTER HAVEN, FL 33881

WINTER

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

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

JOSEPH SPELL

Name

4 LYCHEE DR.

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

WINTER HAVEN FLORIDA 33881

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..

Joseph Spell

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

JOSEPH SPELL  
4 LYCHIE DR  
WINTER HAVEN, FL 33881

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Joseph Spell  
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.)

JOSEPH SPELL  
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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