L04000092875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
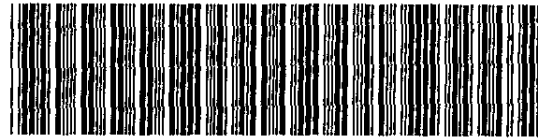
(Business Entity Name)

(Document Number)

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Speks, LLC

Kyle Kummer
4205 Marine Parkway
New Port Richey, FL 34652
727-232-1600

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Speks, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4205 Marine Parkway
New Port Richey, FL 34652

Mailing Address:

4205 Marine Parkway
New Port Richey, FL 34652

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

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

Kyle J. Kummer
<div align="center">Name</div>

4205 Marine Parkway
<div align="center">Florida street address (P.O. Box <u>NOT</u> acceptable)</div>

New Port Richey   FL   34652
<div align="center">City, State, and Zip</div>

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..

Kyle J. Kummer
<div align="center">Registered Agent's Signature</div>

<div align="center">(CONTINUED)</div>

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

MGR

Name and Address:

Kyle J. Kummer
4205 Marine Parkway
New Port Richey, FL 34652

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Kyle J. Kummer
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.)

Kyle J. Kummer
Typed or printed name of signee

<u>Filing Fees:</u>

$125.00 Filing Fee for Articles of Organization and Designation
　　　　of Registered Agent
$ 30.00 Certified Copy (Optional)
$　5.00 Certificate of Status (Optional)