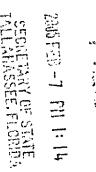
## 105000013921

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
. (Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



700045755137



02/07/05--01091--003 \*\*125.08

LOS-13921

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: SPLF, LLC (Name of Limited Liability Company)
(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:
MARY E THOINSEN (Name of Person)
(Name of Person)
(Firm Company)
25108-B MARGUERITE PKY #47 (Address)
MISSION VIETO, CA 92692. (City State and Zip Code)
For further information concerning this matter, please call:
MARY THOMSEN at 945 458 - 2071 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$25.00 Filing Fee & Certificate of Status \$\bigcup \\$355.00 Filing Fee & Certificate of Status \$\bigcup \\$360.00 Filing, Fee & C
STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
409 E. Gaines Strect P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
26972 Salazer Dr Mission Viego RA 92691	PMB 47 25108-BINARLUBILE PKY MISSION VIETO, OR 92692	
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:	
The name and the Florida street address of the    Community   Paname	nownt Properties; e -LU2100 NVC  Idress (P.O. Box NOT acceptable)	
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and distered agent as provided for in Chapter 608, F.S	
/ <i>ርላ</i> ጎኬንምዝ	mmen/	

Page 1 of 2

## 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	MARY E THOMSEN  Z6972 SALAFANDR  MISSION VIETO (A 92691
<u>mex</u>	OWEN J THOMSEN  ZIGGIL SALATANDE  MISSION VIETO, LAGIUGI
(Use attachment if necessary)	
NOTE: An additional article m	ust be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a men (In accordance with	nbeyor an authorized representative of a member.  a section 608.408(3), Florida Statutes, the execution postitutes an affirmation under the penalties of periory.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

STED -7 PN I: I

Page 2 of 2

MRY C Tho Typed or printed name of signee