

L05000016093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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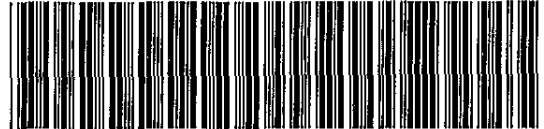
(Business Entity Name)

(Document Number)

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05 FEB 16 PM 4:10  
DIVISION OF CORPORATIONS

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05 FEB 16 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPUR OF THE MOMENT, DELIVERY SERVICES, 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:

CULLEN STACK  
(Name of Person)

SPUR OF THE MOMENT, DELIVERY SERVICES, LLC  
(Firm/Company)

2259 W. TENNESSEE ST.  
(Address)

TALLAHASSEE, FL. 32304  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANGEL SVAREZ  
(Name of Person)

at ( 850 ) 339-4504  
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SPUR OF THE MOMENT, DELIVERY SERVICES, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

2259 W. TENNESSEE ST.  
TALLAHASSEE, FL. 32304

#### Mailing Address:

2259 W. TENNESSEE ST.  
TALLAHASSEE, FL. 32304

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

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

CULLEN STACK  
Name

1375 POLLEN RD. #214  
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32303  
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.

[Signature]  
Registered Agent's Signature

(CONTINUED)

FILED  
JAN 16 2015  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT  
JAN 16 2015  
PH 4:16

**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:**

MGRM

WONDU GIZAW  
2259 W. TENNESSEE ST.  
TALLAHASSEE, FL. 32304

MGRM

ANGEL SUAREZ  
2677 OLD GAINORIDGE RD. #333  
TALLAHASSEE, FL. 32303

MGRM

Challen Stacke  
1375 Pullen RD. Apt. 214  
Tallahassee, FL, 32303

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
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.)

ANGEL SUAREZ  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)