

L05 0000 85334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

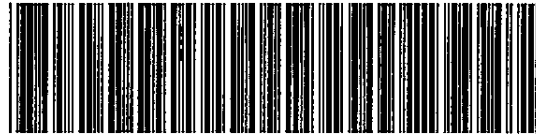
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900058520189

08/29/05 --111117--023 \*\*125.111

FILED  
05 AUG 29 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*8/29/05*  
*WLS*

**TRANSMITTAL LETTER**

**TO:** Registered Section  
Division of Corporations

**SUBJECT:** Jon E. Spooner, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing as follows:

Jon E. Spooner  
(Name of Person)

Jon E. Spooner, LLC  
(Firm Company)

337 Pelican Avenue  
(Address)

Sebring, Florida 33872  
(City, State, Zip Code)

For further information concerning this matter, please call:

Jon E. Spooner at (863) 471-2230  
(Name of Person) (Area Code) and daytime telephone number

05 AUG 29 PM 2:25  
FILED  
SECRET  
TALLAHASSEE FLORIDA

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32314

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32399

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jon E. Spooner, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

337 Pelican Avenue  
Sebring, Florida 33872

**Mailing Address:**

337 Pelican Avenue  
Sebring, Florida 33872

**ARTICLE III - Registered Agent, Registered Office, and Registered Agent Signature:**

\_\_\_\_\_  
Jon E. Spooner

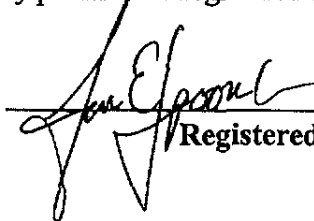
Name

\_\_\_\_\_  
337 Pelican Avenue

\_\_\_\_\_  
Sebring, Florida 33872

FILED  
05 AUG 29 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. 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.



\_\_\_\_\_  
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:**

**Name and Address;**

"MGR" = Manager

"MGRM" = Managing Member

Jon E. Spooner

337 Pelican Avenue  
Sebring, Florida 33872

(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 penalty of perjury that the facts stated herein are true).

Jon E. Spooner  
\_\_\_\_\_  
Type or printed name of signee

05 AUG 29 PM 2:25  
SEALING OF STATE  
TALLAHASSEE, FLORIDA

FILED