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## COVER LETTER

TO: Registration Division of C			
SUBJECT:	SPATIAL	ENTITIES, LLC.	
	(Name of Limite	xd Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	Marsh	a J. McDonald	
		(Name of Person)	
	SPATIAL EN	NTITIES, LLC.	
		(Firm/Company)	•
-	1635 NW 80th		
		(Address)	
<del> </del>		FL 33063 - 9425	
	(City	/State and Zip Code)	
For further information	n concerning this matter, please	call:	
Marsha	a J McDonald	at ( 954 ) 969 - 8940	
(Nai	ne of Person)	(Area Code & Daytime Telephone Num	nber)
Enclosed is a check	for the following amount:		
☐ \$125.00 Filing Fe	e S130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	copy is enclosed) -
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	NOV 21 P 3 50

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:  SPATIAL ENTITIES, LLC.  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")  ARTICLE II - Address:	
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")  ARTICLE II - Address:	
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")  ARTICLE II - Address:	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company	is:
Principal Office Address: Mailing Address:	
1635 NW 80th Ave # 35-J 1635 NW 80th Ave # 35-J	
Margate, FL 33063 - 9425 Margate, FL 33063 - 9425	
ADTICY E III Designated Agent Designated Office & Designated Accords Structure	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another	
business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Marsha J. McDonald	
IVIBI 51 IA J. IVICEDONAIU	
Name	
Name	
1635 NW 80th Ave # 35-J	
1635 NW 80th Ave # 35-J Florida street address (P.O. Box NOT acceptable)  Margate FL 33063 - 9425	
1635 NW 80th Ave # 35-J  Florida street address (P.O. Box NOT acceptable)  Margate FL 33063 - 9425  City, State, and Zip	
1635 NW 80th Ave # 35-J  Florida street address (P.O. Box NOT acceptable)  Margate FL 33063 - 9425  City, State, and Zip  Having been named as registered agent and to accept service of process for the above stated limit	'ed
1635 NW 80th Ave # 35-J  Florida street address (P.O. Box NOT acceptable)  Margate FL 33063 - 9425  City, State, and Zip  Having been named as registered agent and to accept service of process for the above stated limit liability company at the place designated in this certificate, I hereby accept the appointment as	1
The street address (P.O. Box NOT acceptable)  Margate FL 33063 - 9425  City, State, and Zip  Having been named as registered agent and to accept service of process for the above stated limit 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	i all
In the street address (P.O. Box NOT acceptable)  Margate FL 33063 - 9425  City, State, and Zip  Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an	all d
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(CONTINUED)
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:

	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Marsha J McDonald
	1635 NW 80th Ave # 35~J
	Margate, FL 33063 - 9425
<del></del>	
	**************************************
	e date of filing: Oeteber 5, 2005. (OPTIO
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	
E V: Effective date, if other than the fective date is listed, the date must he days after the date of filing.)  REQUIRED SIGNATURE:	
E V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with second	clea Serviced representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated	Description and cannot be more than five business of period and cannot be more
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated Mars	per or an authorized representative of a member.  ection 608.408(3), Florida Statutes, the execution statutes an affirmation under the penalties of perjury herein are true.)
E V: Effective date, if other than the ective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated that the facts stated the fac	per or an anthorized representative of a member.  ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)  sha J. McDonald  yped or printed name of signce
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