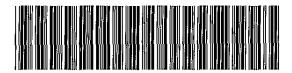
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
·		
·		

Office Use Only



700063133277

01/12/06--01007--004 **125.00

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The SPA, LLC	E. FLORIDAS
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date $\frac{4.30}{\text{Time}}$	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE SPALLC



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

Principal Office Address:

Mailing Address:

2750 SE IBIS AVENUE PORT ST LUCIE, FL 34952 2750 SE IBIS AVENUE PORT ST LUCIE, FL 34952

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

PAMELA S LEPERE 2750 SE IBIS AVENUE PORT ST LUCIE, FL 34952

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, 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: "MGR" = Manager "MGRM" = Managing Member	Name & Address:	
MANAGING MEMBER:	PAMELA S LEPERE 2750 SE IBIS AVENUE PORT ST LUCIE, FL 34952	
(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 Statures, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)