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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JAN 27 2006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SP Business Solutions, 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:

IRIS J. SIFONTES

(Name of Person)

SP Business Solutions, LLC

(Firm/Company)

3817 Tree Top Dr.

(Address)

WESTON, FL 33332

(City/State and Zip Code)

For further information concerning this matter, please call:

IRIS J. SIFONTES

(Name of Person)

at (

954) 663-3928

(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)

**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

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

**ARTICLE I**

The name of the Limited Liability Company is: SP Business Solutions LLC

**ARTICLE II**

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

**Principal Office Address:**

3817 Tree Top Dr  
Weston, FL 33332

**Mailing Address:**

3817 Tree Top Dr.  
Weston, FL 33332

**ARTICLE III**

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

Iris J. Sifontes  
3817 Tree Top Dr  
Weston, FL 33332

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*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.*



Registered Agent's Signature

**ARTICLE IV**

**Title:**

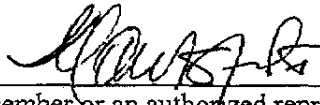
**Name and Address:**

"MGR"  
Manager

Manuel R Sifontes  
3817 Tree Top Dr  
Weston FL 33332

"MGRM"  
Managing Member

Iris J Sifontes  
3817 Tree Top Dr  
Weston, FL 33332



\_\_\_\_\_  
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.)



\_\_\_\_\_  
Typed or printed name of signer

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