# L060000014435

	2006 JAN 31 A	11: 49	
(Requestor's Name)	SECRETARY OF SALLAHASSEE. F	STATE LORIDA	
(Address)			500064720425
(Address)	<del></del> ,		300004120423
(City/State/Zip/Phone	#)		
PICK-UP WAIT	MAIL		
(Business Entity Name	e)	.,	01/31/0601028005 *
(Document Number)	· » · · · · · · · · ·		
Certified Copies Certificates of	of Status		
Special Instructions to Filing Officer:			
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# **COVER LETTER**

TO: Registration Se Division of Co			FILED
	PIIT - NZ (Name of Limite	d Liability Company)	2006 JAN 31 A 11: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Articles o	f Organization and fee(s) arc s	ubmitted for filing.	LOKIUA
Please return all corresp	ondence concerning this matte	er to the following:	
Lov	LES MAT	Tingly Name of Person)	
SPI	IT-NZ	Firm/Company)	
	(	Firm/Company)	
3540	1-106 Ha	iwy 17	
Corce	n Core S	(Address)  Prings  State and Zip Code)	1.32043
For further information	concerning this matter, please	call:	
Lores (Name	DATTING LY of Person)	at (904) 529 (Area Code & Daytime Te	-7997
Enclosed is a check for	or 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 Tallahassec, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center	ns —

Tallahassee, FL 32301

# FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2006 JAN 31 A 11: 49

The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
SPIIT-NZ L.L.C.	
(Must end with the words "Limited Liability Company, "Limited Company" of	or their abbreviation "LLC," or "L.C.,")

### **ARTICLE II - Address:**

ARTICLE I - Name:

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

Principal Office Address:	Mailing Address:
3540-106 Hqwy 17	3540-106 Hgwy 17
Green Core Springs	Floripa 32043
P10110A 32043	FIOFIDA SWY

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:

Lore	es n	n. Ma	TTING	ly
		Name		
463	Fed	eral	4:11	Rd.
	Florida	street address	(P.O. Box <b>NO</b>	
OVA		PARKEL		073
	Ci	ty, State, and 2	Cip	

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 (REQUIRE)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager	Anager or Managing Member is as follows: FILED  Name and Address:  2006 JAN 31 A II: 1
"MGRM" = Managing Member	SECOCIA
MGR	Loves M. MALAHASSEE ALORING TO STATE ALORING TO STATE ALORING TO STATE AND S
MURM	CASEY MATTING LY 463 Federal Hill Rd. Orange PARK, FL. 3207
(Use attachment if necessary)	
	the date of filing: 25 Jan. 2006 (OPTIONAL) st be specific and cannot be more than five business days prior
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.)

CASEY MATTING 4
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)