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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ECT: GARY L. Spieler, LLC (Name of Limited Liability Company)
The en	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	GARY L Spieler (Name of Person)
	GARY L Spieler, LLC (Firm/Company)
	5040 SW 88 TH TEARACE (Address)
	(Address)
	GAINESU, //e FL 32608 (City/State and Zip Code)
	(Stey/State and 2/p code)
For fun	ther information concerning this matter, please call:
6	Any Spieler at (352) 271-5670 (Name of Person) (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:
_ /	5.00 Filing Fee \$\begin{array}{ c c c c c c c c c c c c c c c c c c c
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
GARY L. Spieler, LLC (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature:
The name and the Florida street address of the response of the	Spieler HANGE TO THE TELLACE TELLACE TELLOS TO THE TELLACE TELLOS TO THE TELLACE TELLOS TO THE TELLO
Having been named as registered agent and to a	accept service of process for the above stated limited

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mana _! "MGRM" = Mar	ger naging Memher	Name and Address:
MGR		GARY L Spieler 50401 SW 188+H. TERRACE GAINESVILLE, IEL. 32608
	_ .	
		
Use attachment	if necessary)	
LE V: Effective ective date is lis	date, if other than the d	late of filing: (OPTION specific and cannot be more than five business da
LE V: Effective fective date is list days after the d	date, if other than the dated, the date must be ate of filing.)	late of filing: (OPTION specific and cannot be more than five business da
Use attachment LE V: Effective fective date is lis days after the date is listed as	date, if other than the dated, the date must be ate of filing.)	late of filing: (OPTION specific and cannot be more than five business da
LE V: Effective fective date is list days after the d	date, if other than the disted, the date must be ate of filing.) GNATURE:	late of filing: (OPTION specific and cannot be more than five business days and such a specific and cannot be more than five business days and such a specific and cannot be more than five business days and such a specific and cannot be more than five business days and such a specific and cannot be more than five business days and cannot be more than five business days are such as the such as
LE V: Effective fective date is list days after the d	date, if other than the dated, the date must be ate of filing.) GNATURE: Signature of a member (In accordance with sections)	specific and cannot be more than five business date of an authorized representative of a member. ion 608,408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation

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