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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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06 MAY 17 PH 1: 46

TO REPORT

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Spears Constantin 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:		
Uilliam P Spears		
(Name of Person)		
(Firm/Company)		
2921 S. Meridian St		
Tall FL 32361		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Roger D. Spears at 850 877-1044 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (a		

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 - Name:

The name of the Limited Liability Company is:	
Spears Con (Must end with the words "Limited Liability Company, "Limited Company)	Struction LLC Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1900 Tomberlin Rd Tall FL 32305	2921 S. Meridian St Tall FL 32301
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	Office, & Registered Agent's Signature: and Agent. You must designate an individual or another
The name and the Florida street address of the reg	
William P Name	Spears
2921 S, M. Florida street address	eridian 5+ ss (P.O. Box NOT acceptable)
Tall City, State, and	Zip 32301
Having been named as registered agent and to acceliability company at the place designated in this registered agent and agree to act in this capacity, statutes relating to the proper and complete performancept the obligations of my position as register.	I further agree to comply with the provisions of all ormance of my duties, and I am familiar with and
Registered Agent's Signature	O6 MAY 17

(CONTINUED) Page I of 2

MD1 43	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing l	Name and Address:
MCRM	William P Specis 2921 S. Meridian St Tell Fl 32301
MCRM	Roger D. Spears 2921 3. Meridian st Tall FL 32301
(Use attachment if necessity of the CLE V: Effective date, if effective date is listed, the	ary) ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days prior
0 days after the date of fi	
REQUIRED SIGNAT	RE:
<u>C</u> Signate	e of a member or an authorized representative of a member.
of this	dance with section 608.408(3), Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury a facts stated herein are true.)
	Illiam P Spears Typed or printed name of signee
	typed or printed name of signee
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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