

LOG 0000 67439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

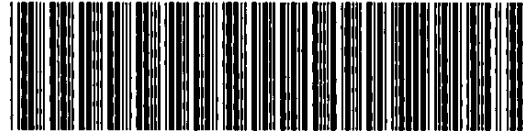
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

\$125-CF



400074744694

07/03/06--01058--003 \*\*125.00

FILED  
06 JUL -3 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

ORIGINAL

TO: Registration Section  
Division of Corporations

SUBJECT: Betty R. Sparks  
(Name of Limited Liability Company)

BETTY R. SPARKS, LLC  
2804 Trebark Dr  
Tallahassee, FL 32312  
850 385 6561

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Betty R. Sparks  
(Name of Person)

Betty R. Sparks  
(Firm/Company)

2804 TREBARK DR  
(Address)

Tallahassee, FL 32312  
(City/State and Zip Code)

For further information concerning this matter, please call:

Betty Sparks at (850) 385 6561  
(Name of Person) (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

FILED  
06 JUL -3 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(1) A

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Betty R. Sparks, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

2804 Trebarke Dr  
Tallahassee, FL 32312

#### Mailing Address:

2804 Trebarke Dr  
Tallahassee, FL 32312

### 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:

Barbara Collins

Name

2528 Dundee Dr

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32308

City, State, and Zip

*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..*

Barbara Collins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

MGR

**Name and Address:**

Betty R. Sparks  
2804 Tre Barks Dr  
Tallahassee, FL 32312

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 1, 2006 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Betty R. Sparks  
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.)

Betty R. SPARKS  
Typed or printed name of signer

**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)

FILED  
06 JUL -3 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA