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(Business Entity Name)

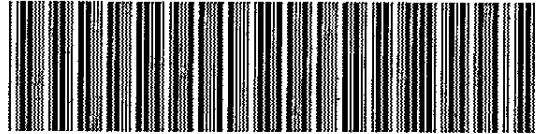
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607-13584
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPRINGFIELD PARTNERS 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:

MICHAEL BESSOS

(Name of Person)

N/A

(Firm/Company)

9334 SOUTHERN OAK LANE

(Address)

JUPITER, FLORIDA, 33478

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL BESSOS

(Name of Person)

at

772

(Area Code & Daytime Telephone Number)

878-3990

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

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TALLAHASSEE, FL 32301

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ARTICLES OF ORGANIZATION OF SPRINGFIELD PARTNERS, LLC

The undersigned hereby form and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is Springfield Partners, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the effective date of filing these Articles with the Department of State unless sooner terminated as provided in the Operating Agreement.

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 9334 Southern Oak Lane, Jupiter, Florida 33478. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is Michael Bessos, 9334 Southern Oak Lane, Jupiter, Florida 33478.

ARTICLE V

The management of this limited liability company shall be vested in the manager or managers and is, therefore a manager-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager.

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TALLAHASSEE, FL

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**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Chapter 608.415 and Chapter 608.507 Florida Statutes, the following is submitted:

That Springfield Partners, LLC, a Florida Limited Liability Company, with its registered office at 9334 Southern Oak Lane, Jupiter, Florida 33478, has named Michael Bessos at such address as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By: *Michael Bessos*
Michael Bessos
Registered Agent

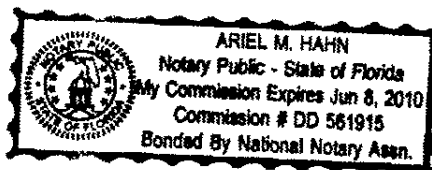
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TALLAHASSEE, FLORIDA

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STATE OF FLORIDA)
)
COUNTY OF ST. LUCIE)

The foregoing instrument was acknowledged before me this 1 day of February, 2007, by Michael Bessos, who is personally known to me or who has produced Florida State Driver's License Number B220-540-52203-0 as identification and who did () of did not () take an oath.

Executed this 1 day of February, 2007.



Ariel Hahn
Signature of Notary
Printed Name: Ariel Hahn
My Commission Expires: June 8, 2010
My Commission Number: DD561915

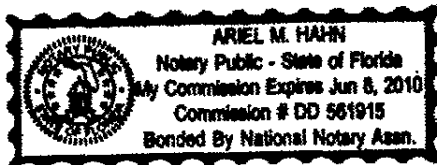
IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 1st
day of February, 2007.

Michael Bessos
Michael Bessos, Member

STATE OF FLORIDA)
)
)
COUNTY OF ST. LUCIE)

The foregoing instrument was acknowledged before me this 1th day of
February, 2007 by Michael Bessos, who is personally known to me or who has
produced Florida State Driver's License Number B220-540-52-2050 as
identification and who did (X) or did not () take an oath.

Executed this 1 day of February, 2007 .



Ariel Hahn
Signature of Notary
Printed Name: Ariel Hahn
My Commission Expires: June 8, 2010
My Commission Number: DD561915

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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