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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

SPARTAN ALLIANCE LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
SPARTAN ALLIANCE LLC

ARTICLE II ADDRESS

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

9221 SW 134TH PL
MIAMI, FLORIDA 33186

The mailing address of the Limited Liability Company is:

PO BOX 163835
MIAMI, FLORIDA 33116

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:
A1A REGISTERED AGENT INC.

92 SADBERRY ROAD
QUINCY, FLORIDA 32351

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Having been named as registered agent 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..



X _____
A1A REGISTERED AGENT INC. / Registered Agent's Signature

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SPARTAN ALLIANCE LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MEMBERS (optional)

MANAGER:

LESLIE SABALLOS

PO BOX 163835

MIAMI, FLORIDA 33116

MANAGER:

JENNIFER SABALLOS

PO BOX 163835

MIAMI, FLORIDA 33116

x Leslie A. Saballos

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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.

LESLIE SABALLOS

Typed or printed name of signee

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