

LO800000/895

(Requestor's Name)

① (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



700113411567

01/04/08--01018--024 **125.00

FILED
08 JAN -4 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 04 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S/P & Associates 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:

Sheldon Serraneau

(Name of Person)

S/P & Associates LLC

(Firm/Company)

4067 NW 35th Avenue

(Address)

Lauderdale Lakes FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Sheldon Serraneau

(Name of Person)

at (954) 777-1813

(Area Code & Daytime Telephone Number)

FILED
08 JAN -4 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

Name and Address:

Director

Antonio Prospect

6625 Winfield Blvd #107

Margate FL 33063

Director

Steven Prospect

7770 NW 50th St #203

Lauderhill FL 33351

Director

Cornel Cupidore

915 NE 213 Terrace Build 63 unit 2

North Miami Beach FL 33179

Director

Owen Lumyou

10519 San Traveso Dr

Tampa FL 33647

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:



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.)

Sheldon Serraneau

Typed or printed name of signee

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
08 JAN -4 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Additional Manager(s) or Managing Member(s):

Director

**Jonel Cupidore
915 NE 213 Terrace Build 63 unit 2
North Miami Beach FL 33179.**

Director

**Donna Serraneau
10519 San Traveso Dr
Tampa FL 33647**

Director

**Sheldon Serraneau
4067 NW 35th Avenue
Lauderdale Lakes FL 33309**

FILED
08 JAN -4 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA