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OF STATE RPORATIONS

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	FCT. SPICE GIRLS	S. LLC			
SUBJ	ECI:	(Name of Limited	Liability Compa	ny)	
The er	nclosed Articles of Organizati	ion and fee(s) are sul	omitted for filing		
	return all correspondence co		-		
	SHANNON M. RI	JSSO-COLL	INS		
			ame of Person)		
		(F	irm/Company)		
	1305 TANGIER V	VAY			
			(Address)		
	SARASOTA, FL	34239			
		(City/S	tate and Zip Code)		
For fu	rther information concerning	this matter, please ca	all:		
CHA	ARLES S NEILSO	N .	727	595-7578	3
	(Name of Person)		(Arca Code	& Daytime Tele	phone Number)
Enclo	sed is a check for the follo	wing amount:			
∑ \$125	.00 Filing Fee S130.00 Certific	0 Filing Fee & cate of Status	\$155.00 Filing Certified Cop (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Division P.O. Box	ion Section of Corporations	Registration Division Clifton Bu 2661 Exec	of Corporations	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ONGANIZATION FOR TE	ONDA ERITED ERABITATI CONTAIN
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
SPICE GIRLS, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "L.LC.")
ARTICLE II - Address:	instant office of the finited finiting Commons in
The maining address and street address of the pro-	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1305 TANGIER WAY	1305 TANGIER WAY
SARASOTA, FL 34239	SARASOTA, FL 34239
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regista business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
SHANNON M. RUSS	SO-COLLINS
Name	
1305 TANGIER WAY	<u> </u>
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
SARASOTA	_{FL} 34239
City, State, a	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	SHANNON M. RUSSO-COLLINS
· · · · · · ·	1305 TANGIER WAY
	SARASOTA, FL 34239
MGRM	JACK G. COLLINS, JR
	1305 TANGIER WAY
	SARASOTA, FL 34239
	-
	
(Use attachment if necessary)	
IFV: Effective data if other tha	n the date of filing: (OPTION
Sective date is listed, the date mi	ust be specific and cannot be more than five business da
days after the date of filing.)	and be specific and cannot be more than her business an
,	
REQUIRED SIGNATURE:	

(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.)

SHANNON M. RUSSO-COLLINS

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)