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(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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B. KOHR
MAR 11 2010
EXAMINER

COVER LETTER

TO: Registration S Division of Co	rnorations			
SUBJECT:	Spencer Name of Limit	DEVELOPEMENT ed Liability Company	Group 5	OF STEEL
The enclosed Articles of	f Organization and fee(s) are			S CASA
Please return all corresp	ondence concerning this matt	er to the following:		r. on the
Tari	rell Spence	Name of Person		J.
		Firm/Company		
320) 1 Shinny	Lane		
		Address		
Tall	ahasses F	L 32308		
Spe	City NCER @ FB E-mail address: (to be used for	7/State and Zip Code PInet. com or future annual report notification)		
	concerning this matter, please			•
Favrell Sp Name o	ENCER of Person	at (<u>850</u>) <u>32.2 - S</u> Area Code & Daytime Telep	/5 6 ohone Number	
Enclosed is a check for	. r 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 C Tallahassee, FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	: ited Liability Company is:			10 HAR
Spencer	DEVELOPEMENI	Group	, LL C	11 PA
(Must	end with the words "Limited Liabilit	y Company, "L.L.C.," or "L	LC.")	- 5
ARTICLE II - Addi	ress: and street address of the prin	ncipal office of the Li	imited Liability	Company is:
Principal Office Add	dress:	Mailing Address:		
3201 86jmm Tall. jrL 3	m (an E 2308	P.O. Box 20 Tall: FL 3	2314	-

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:

Tarrel Spencer

Name

320/ Shimmy Lane

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGRM	Forrell Flencer 320 Shimmy Lane Tall FL 32308
MGR	Deborah Spencere 3348 Chartain Landing Ct Marietta GA 30860
	
	·
(Use attachment if necessary	<i>(</i>)
CLE V: Effective date, if othe effective date is listed, the date	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior
CLE V: Effective date, if other	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior .)
CLE V: Effective date, if othe effective date is listed, the date of filing.	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior .)
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing. REQUIRED SIGNATURE Signature of this document of this document.	r than the date of filing: (OPTIONAL) te must be specific and cannot be more than five business days prior .)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)