Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000111747 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I2000000146

: (305)444-4994

Phone

Fax Number

: (305)444-4977

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

FLORIDA LIMITED LIABILITY CO. SPICA CONSULTING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

MAY 10 2010

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	any is:	
Spice	a Consulting LLC	
	ried Liability Company, "L.L.C.," or "U.C.")	
ARTICLE II - Address:	of the principal office of the Limited Liability Compa	anv ic
The maining address and sirect address of	and principal office of the Ellinear Ellionity Compa	шу 13.
Principal Office Address:	Mailing Address:	•
6000 Island Blvd.	6000 Island Blvd.	
# 1705	# 1705	
Aventura, FL 33160	Aventura, FL 33160	er-i
business entity with an active Florida registration.) The name and the Florida street address	wn Registered Agent. You must designate an individual or another of the registered agent are:	JO HAY -7 AM
	Name	■ 3
6000 Is	land Blvd., # 1705	CORPORATION
Florida s	treet address (P.O. Box <u>NOT</u> acceptable)	
Aventur	а _{FL} 33160	2.73
	City, State, and Zip	
liability company at the place designaregistered agent and agree to act in this a statutes relating to the proper and compaccept the obligations of my position of	and to accept service of process for the above stated in this certificate, I hereby accept the appointment appacity. I further agree to comply with the provisions olete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F. signstare (RBQUIRED)	t as s of all a and
	ONTINUED)	

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Membe	Name and Address:
MGRM	Stephan R. Coles
	6000 Island Blvd., # 1705
	Aventura, FL 33160
MGR	Stefan Emannuel Coles
	6000 Island Blvd., # 1705
	Aventura, FL 33160
MGR	Tariq Yann Coles
	6000 Island Blvd., # 1705
	Aventura, FL 33160
	·
Use attachment if necessary)	

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a monther 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.)

Stephan R. Coles
Typed or printed name of signee

Filing Poes:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)