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(Re	equestor's Name)	-
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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07/12/10--01032--021 **160.00

FILING CANCELLED RETURNED CHECK



COVER LETTER

Registration Section

Division of Co	orporations				
				•	
SUBJECT: SPARK			·		
	Name of Limit	ed Liability Comp	any		
The enclosed Articles o	f Organization and fee(s) are	submitted for filin	ıg.		
Please return all corresp	ondence concerning this mat	ter to the following	g:		
ALETIA NELS	SON				
		Name of Person			
SPARKLE 'N	SHINE, LLC				
		-Firm/Company			
16650 SW 67	PLACE				
10000 011 07		Address			
SOUTHWEST	RANCHES, FL 33331			<u></u>	
		y/State and Zip Cod	le .		
aletianelson@	yahoo.com E-mail address: (to be used to	for future annual ren	ort notificatio	on)	
B 0 4 1 0 4	·	•		,	
For further information	concerning this matter, please	e call:		•	
ALETIA NELSON		at (786	277-665	59	
Name	of Person	Area Cod	_1	Telephone Number	
Enclosed is a check to	or the following amount:				
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filit Certified Co (additional cop	рру	✓ \$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is en	us &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton I 2661 Ex	Courier Addration Section a of Corporat Building secutive Cent	tions	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is	5:	
SPARKLE 'N SHINE, LLC		
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	•	
The mailing address and street address of the p	orincipal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
16650 SW 67 PLACE	16650 SW 67 PLACE	
SOUTHWEST RANCHES, FL 33331	SOUTHWEST RANCHES, FL 33331	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the ALETIA NELSON Nam 16650 SW 67 PLACE	istered Agent. You must designate an individ	FILE FILE FILE
Florida street address (P.O. Box NOT acceptable)		PM 3: 01 OF STATI E, FLORIC
SOUTHWEST RANCHES	FL 33331	
City, S	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

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

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

<u>Title:</u>		Name and Address:	
"MGR" = Mar		•	
"MGRM" = M	Managing Member		
MGR		ALETIA NELSON	·
		3621 NW 75 TERRACE	
		LAUDERHILL, FL 33319	·
•		·.	
MGR		YVONNE NELSON	
		16650 SW 67 PLACE	
		SOUTHWEST RANCHES, FL 33331	
			-
			
			
			1111-111-11
			
(Lise attachme	ent if necessary)		
(Ose anaemine	ant it ficeessary)		
ARTICLE V. Effection	ve date if other than the da	te of filing:	(OPTIONAL)
		pecific and cannot be more than five b	` /
o or 90 days after the		pecnic and cannot be more than five b	daniesa daya pi io
o or yo days after the	, date of iming.		
REQUIRED	SIGNATURE:		PE O
	. 1		
			五二 二
	Alux	<u> </u>	SSR 2
	Signature of a member o	r an authorized representative of a member	12 PM 3: 01 ARY OF STATI ASSEE, FLORI
	(In accordance with section	on 608.408(3), Florida Statutes, the execution	TS w
	of this document constitute	es an affirmation under the penalties of perjury	SE O
	that the facts stated herein	are true.)	
	ALEITA K NELSON		
		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)