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SECRETARY OF SIGNED DIVISION OF CUSTO DEVIATION

COVER LETTER

TO: Registratio Division of	n Section Corporations	
SUBJECT: SPA	ARKIN' FRANK'S	ELECTRIC, LLC
	Name of Limi	ited Liability Company
The enclosed Article	s of Organization and fee(s) are	e submitted for filing.
Please return all corre	espondence concerning this ma	tter to the following:
FRANK	LOZANO	
		Name of Person
SPARK	IN' FRANK'S EL	ECTRIC, LLC
		Firm/Company
10511 H	HINDS PL.	
		Address
ODESSA	, FL 33556-4807	
		ty/State and Zip Code
mlozano@	tampabay.rr.com	
		for future annual report notification)
For further information	on concerning this matter, pleas	e call;
FRANK LOZA	NO	at (813) 920-3995
Nar	ne of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	A	\mathbf{R}	ΓI	CL	E	I	-]	Vа	m	e	:
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The name of the Limited Liability Company is:

SPARKIN' FRANK'S ELECTRIC, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

	Mailing Address:	
10511 HINDS PL.	10511 HINDS PL.	
ODESSA, FL 33556-4807	ODESSA, FL 33556-4807	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registrations entity with an active Florida registration.) The name and the Florida street address of the FRANK LOZANO	gistered Agent. You must designate an individual or anoth	
Nan	ne	<u> </u>
10511 HINDS P	L.	
Florida street a	address (P.O. Box NOT acceptable)	ਲ
ODESSA	_{FL} 33556-4807	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	FRANK LOZANO 10511 HINDS PL.
	ODESSA, FL 33556-4807
	· · · · · · · · · · · · · · · · · · ·
···	
(Use attachment if necessary)	1451114 707 4 . 0044
	an the date of filing: JANUARY 1, 2011 (OPTIONAL) nust be specific and cannot be more than five business days pro-
·	10 NOV -1
REQUIRED SIGNATURE:	
Signature of az	Maule Jeans member or an authorized representative of a member.
(In accordance with secti	ion 608.408(3), Florida Statutes, the execution of this document n under the penalties of perjury that the facts stated herein are true.

FRANK LOZANO

constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

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)