

L10000129 004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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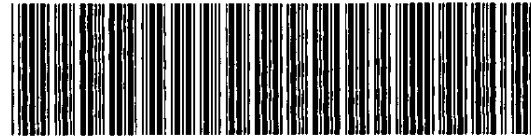
(Business Entity Name)

(Document Number)

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12/16/10--01008--009 **130.00

Effective Date 12-10-10

FILED
2010 DEC 16 PM 12:18
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

DEC 17 2010

J. SAULSE
EXAMINER

DEC 17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spradlen's Square one LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan Spradlen
Name of Person

Firm/Company

6632 Tula LN LAKELAND FL 33809
Address

LAKELAND FL 33809
City/State and Zip Code

Floor effects @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Spradlen at (863) 514 8824
Name 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 & 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

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2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Spradlen's Square one 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:

Principal Office Address:

Mailing Address:

6632 TULA LN
LAKELAND FL 33809

SAME

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:

Ryan L Spradlen
Name

6632 Tula Ln
Florida street address (P.O. Box **NOT** acceptable)

LAKELAND FL 33809
City, State, and Zip

FILED
2010 DEC 16 PM 12:11
CLERK OF COURT
TALLAHASSEE, FLORIDA

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Ryan L. Spadler
6632 Tulsa Ln
LAKE LAND FL 33809

MGR

Michael C. Pretzie
5115 N. Socrum Loop #368
LAKE LAND FL 33809

MGR

Tim M. McCarty
2380 King Ave
AUBURNDALE FL 33823

MGR

Tim L. Gray
584 SR 559 #25
AUBURNDALE FL 33823

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12-10-10 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a member 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Ryan Spadler
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)

Division of Corporations,

I Ryan Spradlen do not wish to reinstate my corporate status Spradlens Square One Inc. and wish to
release company name to Spradlens Square One LLC.

Thank you .

Document # P04000133053

A handwritten signature in black ink, appearing to be 'R. Spradlen', written over a horizontal line.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 16 PM 12:11

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