L11000019106

· · · · · · · · · · · · · · · · · ·
SPADEA CONTRACTING INC 414 CAPRICORN LN
Orange PARK, 1-L 3000)
(Address) (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300192257023

01/31/11--01021--018 **125.00

SECRETARY OF STATE DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 1, 2011

SPADEA CONTRACTING INC 414 CAPRICORN LANE ORANGE PARK, FL 32073

SUBJECT: SPADEA CONTRACING LLC

Ref. Number: W11000006077

We have received your document for SPADEA CONTRACING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 711A00002653

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

I he name of the Limited Liability Company is:	ES
SPADEA CHATRACTION	LLC
(Must end with the words "Limited Liability Company," the abl	breviation "L.L.C.," or the designation
"LLC.")	
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited
Liability Company is:	
Principal Office Address:	Mailing Address:
414 Capricary Lane	414 Capricorn Lane
Orange Park, FL 32013	414 Capricorn Lane Orange Park, FL 32013
	J
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's
Signature:	
(The Limited Liability Company cannot serve as its own Registe individual or another	ered Agent. You must designate an
business entity with an active Florida registration.)	egistered agent are:
The name and the Florida street address of the re	egistered agent are:
Kimberly St	sa dea = 37 E
Name	3 39 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5
Kimberly Sp Name 414 Capricon	in Lane
Florida street address (P.O.	Box NOT acceptable)
Ovange Purk	FL 32073

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)

City, State, and Zip

(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:

"MGR" = Manager "MGRM" = Managing Member Manager	Kimberly Spadea 414 Capricorn Lane Ovange Park, FL 32072
Manager	414 Capricorn Lane
	Urange fart, FL 320.72
	
	(Use attachment if necessary)
	(Coo manana na m
LE V: Effective date, if other than the	date of filing (OPTIONAL)
ective date: 1) cannot be prior to n	or more than 90 days after the date this
nt is filed by the Florida Departme	nt of State; AND 2) must be the same as
ctive date listed in the attached Coisted therein.)	erinicate of Conversion, if an effective
isted therein.)	erimeate of Conversion, if an effective
REQUIRED SIGNATURE:	erificate of Conversion, if an effective
isted therein.) REQUIRED SIGNATURE: X Kimberly Localea	CERNALITY CO.
isted therein.) REQUIRED SIGNATURE: X Kimberly Localea	CERNALITY CO.
REQUIRED SIGNATURE: X Kimberly Localia Signature of a member or an aut (In accordance with section 608.4	thorized representative of a member.
REQUIRED SIGNATURE: Kimberly Loods Signature of a member or an aut (In accordance with section 608.4 of this document constitutes an aff	thorized representative of a member. 108(3), Florida Statutes, the execution firmation under the penalties of perjury
REQUIRED SIGNATURE: Kimberly Loods Signature of a member or an aut (In accordance with section 608.4 of this document constitutes an aff	thorized representative of a member. 808(3), Florida Statutes, the execution firmation under the penalties of perjury ated herein are true.

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)

Page 2 of 2