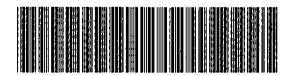
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| (Requ | uestor's Name) |) |
|----------------------------|----------------|-------------|
| (Addi | ress) | |
| (Addı | ress) | |
| (City/ | State/Zip/Phon | ie #) |
| PICK-UP | WAIT | . MAIL |
| (Busi | ness Entity Na | me) |
| (Doci | ıment Number |) |
| Certified Copies | | |
| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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SECRETARY OF STATE OF CORPORATION

N. Culligan MAY 1 7 2011

COVER LETTER

| Division of Co | | | |
|---------------------------|---|--|----------------------------|
| _{SUBJECT:} Spark | Republicity | | |
| sebuaci | | ed Liability Compa | пу |
| The enclosed Articles of | of Organization and fee(s) are | submitted for filing | |
| Please return all corresp | oondence concerning this mat | ter to the following: | |
| Whitney | Fike | | |
| | | Name of Person | |
| Spark Pu | ıblicity | | |
| | | Firm/Company | |
| 205 Rue | Max Street | | |
| | | Address | |
| Pensacola | , FL 32507 | | |
| | | y/State and Zip Code | |
| whitneyvfike | e@gmail.com | | |
| | E-mail address: (to be used | for future annual repo | rt notification) |
| For further information | concerning this matter, please | e call: | |
| Whitney Fike | | at (850 | 232-8683 |
| Name | of Person | Area Code | & Daytime Telephone Number |
| Enclosed is a check for | or the following amount: | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Certified Cop (additional copy | y Certificate of Status & |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division of Clifton Bu 2661 Exec | of Corporations |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Spark Publicity, 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:** 3720 Barrancas Avenue 205 Rue Max Street Pensacola, FL 32507 Pensacola, FL 32507 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: Whitney Fike Name

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

Florida street address (P.O. Box <u>NOT</u> acceptable)
FL 32507

Registered Agent's Signature (REQUIRED)

205 Rue Max Street

Pensacola

(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> | Name and Address: |
|---|--|
| "MGR" = Manager "MGRM" = Managing Member | |
| MGRM | Whitney Fike |
| | 205 Rue Max Street |
| | Pensacola, FL 32507 |
| MGRM | Adam Fike |
| | 205 Rue Max Street |
| | Pensacola, FL 32507 |
| | |
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| | |
| | |
| (Use attachment if necessary) | |
| CLE V. Effective date if other than | the date of filing: (OPTIONAL) |
| | t be specific and cannot be more than five business days prior |
| To days after the date of hing. | |
| REQUIRED SIGNATURE: | HVISION SEC |
| Signature of a mer | The OF TH |
| constitutes an affirmation un I am aware that any false in | 608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.) |
| Whitney Fik | re |

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)

Typed or printed name of signee