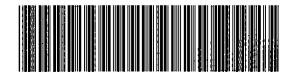
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EXAMINER

COVER LETTER

TO: Registration So Division of Co					
SUBJECT: SP Sta	affing Company, I	LLC			
Je 202 011	Name of Limited	d Liability Company			
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.			
Please return all correspo	ondence concerning this matte	er to the following:			
Shawn Ya					
	;	Name of Person			
SP Staffir	ng Company, LLC	,			
		Firm/Company	₽c.		
13575 58	th Street North Su	ite 142	LLA	138	****
		Address	IAS	19	, <u>, , , , , , , , , , , , , , , , , , </u>
Clearwater,	FL 33760		SEE SY 0	<u> </u>	'n
		/State and Zip Code	FLS	(T.)	-
spcompany*	11@gmail.com		FLORI	() d	
	E-mail address: (to be used for	or future annual report notification)	E OA		
For further information of	concerning this matter, please	call:			
Shawn Yang		at (727) 644-2899			
Name o	of Person	Area Code & Daytime Telephone Nu	ımber		
Enclosed is a check fo	r the following amount:				
✓ }\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	00 Filing Fe icate of Stat ied Copy onal copy is en	us &	
	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

The name of the Limited Liability Company SP Staffing Company, LLC	
(Must end with the words "Limited Lie	ability 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:
13575 58th Street N. Suite 142 Clearwater, FL 33760	13575 58th Street N. Suite 142 Clearwater, FL 33760
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Repulsiness entity with an active Florida registration.) The name and the Florida street address of the Shawn Yang Nam 3105 Clemons F	e registered agent are: SSER OF AREA THE STREET OF AREA THE STR
Florida street	address (P.O. Box NOT acceptable)
Plant City	_{FL} 33566
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MCD" - Managar	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Membe	r
MGR	Shawn Yang
	3105 Clemons Rd.
	Plant City, FL 33566
LE V: Effective date, if other the	nan the date of filing: (OPTION nust be specific and cannot be more than five business d
LE V: Effective date, if other the fective date is listed, the date is	nan the date of filing: (OPTION nust be specific and cannot be more than five business d
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LE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with see constitutes an affirmation of a lam aware that any false constitutes a third degree.	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated hereinmet trues information submitted in a document to the Department of State (see felony as provided for in s.817.155, F.S.)
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