## L12000053063

(F	Requestor's Name)
(/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	Wait Mail
(E	Business Entity Name)
])	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:

Office Use Only



400226243044

04/19/12--01007--002 \*\*160.00

RECEIVED

12 APR 19 AM 9: 37

UEFFORMATION

WASSEE PRORIDA

FILED

12 APR 19 AM 9: 39

SCORELARY OF STATE

N. Outman APR 1 9 2012

## COVER LETTER

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Spencer 4 Hine 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:
Spencer Tinson Name of Person
Spencer 4 Hire Firm/Company
4011 WOOD DRI Address
Tallahassee, Floreida 32305  City/State and Zip Code
Tallahasser, Florida 32305  City/State and Zip Code  Spencer Tinson Q yakoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Spencer TINSM at (850) 241-2082  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address  Registration Section  Division of Corporations  Street/Courier Address  Registration Section  Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
The name of the Limited Liability Comp	pany is:
Spencer	ted Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address o	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4011 WOOD DR	40 11 WOOD DR. Tallahassir, Fla.
Taliahassey Fla	Tallahauss Fla.
32305	32305
ARTICLE III - Registered Agent, Reg The Limited Liability Company cannot serve as its over business entity with an active Florida registration.)	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another
The name and the Florida street address of	of the registered agent are:
Spence	Name  Name  Name  Name  Name  Name
,	Name SEEF OF TO
4011 WOODA	
Florida st	
Tallahose	City, State, and Zip
•	City, State, and Zip

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR"	Spencer TINSON 4011 WOOD DRI Tallahas(xy Fla 32305
(Use attachment if necessary)	on data of Silvery (OPTIONIA)
CLE V: Effective date, if other than the effective date is listed, the date must	be specific and cannot be more than five business days
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	ber of an authorized representative of a member.  28.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are puer mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	be specific and cannot be more than five business days  A SECONDARY  Der of an authorized representative of a member.  O8.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are pule.  In a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section 60 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	ber of an authorized representative of a member.  28.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are puer mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)

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

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