

L12000116049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

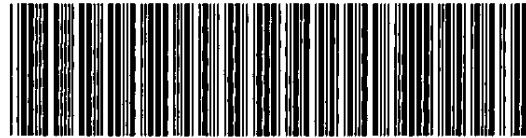
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/10/12--01047--013 **160.00

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12 SEP 10 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP 11 2012



Robertson Law Group, LLC

35 E. Wacker Dr, Suite 935
Chicago, Illinois 60601

Phone: (312) 854-7102
Facsimile: (312) 377-2480
www.RobertsonLawGroup.com

Boutique Business, Estate Planning, & Tax Law Firm

8/31/2012

SENT VIA FAX and MAIL

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

RE: Articles of Organization for Florida Limited Liability Company

Dear Sir or Madam:

Please find enclosed one (1) original and two (2) copies each of the following:

- cover letter
- Articles of Organization for Florida Limited Liability Company

Also enclosed is a check in the amount of \$160 for the Filing Fee, Certificate of Status & Certified Copy. We have also enclosed a self-addressed stamped envelope for your convenience.

Please contact me at 312-854-9794 if you have any questions.

Sincerely,

Mildred I. Herrera
Associate Attorney

Robertson Law Group, LLC
(312) 854-9794
Mildred@RobertsonLawGroup.com

Enclosures:

Cc: File

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spatz Residential 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:

William Spatz

Name of Person

Spatz Residential LLC

Firm/Company

55 E Erie

Address

Chicago, IL 60611

City/State and Zip Code

wmspatz@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Spatz

Name of Person

at (

312

) 733-4033

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Spatz Residential 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:

Spatz Residential LLC
2660 South Ocean Blvd. Apt 504-N
Palm Beach, Florida 33480

Mailing Address:

William Spatz
55 E Erie
Chicago IL 60611

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:

William Spatz

Name

2660 South Ocean Blvd Apt 504-N

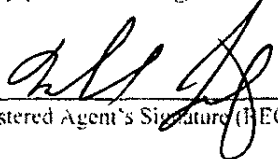
Florida street address (P.O. Box NOT acceptable)

Palm Beach FL 33480

City, State, and Zip

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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

William Spatz

55 E Erie

Chicago IL 60611

MGRM

Wendy Spatz

55 E Erie

Chicago IL 60611

MEMBER

Bryan Spatz

13037 Jenan Dr.

Scottsdale AZ 85259

MEMBER

Alexis Spatz Radeke

730 Forest Ave

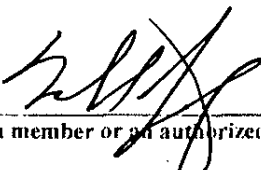
River Forest IL 60305

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____; (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.)

WILLIAM SPATZ

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)