L13000017493

(Requestor's Name)	_
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
· (Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
FEB - 5 2013	
S. TONER	

Office Use Only



700244216647

02/04/13--01065--005 **160.00



(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SpeerPrice 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:

John Speer	Name of Person
	Name of Person
	Firm/Company
P.O. Box 5685	68
	Address
Orlando, Florid	a
	City/State and Zip Code
john@speerhomes.	com
E-mail addres	s: (to be used for future annual report notification)
further information concerning this r	matter, please call:
ohn Speer	407 702-7537
Name of Person	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	s:	
SpeerPrice LLC.		
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
SpeerPrice	SpeerPrice	
708 Albertson Place	PO Box 568568	
Orlando, Florida 32806	Orlando, Florida 32856	
ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.) The name and the Florida street address of the		71
. John Speer		177
Nam		C
708 Albertson Place	address (P.O. Box NOT acceptable)	,
Florida street a	address (P.O. Box NOT acceptable)	2
Orlando, FI 32806	FL	
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)

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:

MGMR		John Speer
		708 Albertson Place
		Orlando, Florida 32806
MGMR		Charles Price
		2614 North Westmoreland
		Orlando, Florida 32804
		And the state of t
(Use attachment	if necessary)	
LE V: Effective	date, if other than the	e date of filing: (OPTIO
		t be specific and cannot be more than five busi
	r the date of filing.)	

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.)

John Speer

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)