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K.SALY EXAMINIER NOV -8 2013



October 29, 2013

KYLE HENRIQUEZ 4119 GUNN HWY, STE. 15 TAMPA, FL 33618

SUBJECT: SPRRX, LLC Ref. Number: W13000060105

We have received your document for SPRRX, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 28, 2013. Please amend your document accordingly.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 113A00025200

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:	ed Liability Company, "L.L.C.," or "LLC.")  I the principal office of the Limited Liability Compar
ARTICLE II - Address: The mailing address and street address of	
The mailing address and street address of	f the principal office of the Limited Liability Compar
	the principal office of the Limited Liability Compar
Principal Office Address:	· · · · · · · · · · · · · · · · · · ·
	Mailing Address:
4119 Gunn Highway	4119 Gunn Highway
Suite 15	Suite 15
Tampa, FL 33618	Tampa, FL 33618
KYLE	The registered agent are.  E HENRIQUEZ  Name  In Highway, Suite 15  Treet address (P.O. Box NOT acceptable)  PA, FL 33618
The name and the Florida street address of	of the registered agent are:
KYLE	E HENRIQUEZ
·	Name
4119 Gur	nn Highway, Suite 15
Florida st	reet address (P.O. Box NOT acceptable)
TAMI	PA, <sub>FL</sub> 33618
	City, State, and Zip
liability company at the place designate registered agent and agree to act in this all statutes relating to the proper and contains and accept the obligations of my position	and to accept service of process for the above stated leted in this certificate, I hereby accept the appointmen capacity. I further agree to comply with the provision omplete performance of my duties, and I am familiar n as registered agent as provided for in Chapter 608, Signature (REQUIRED)
E OF FLORIDA	NTINUED) ge 1 of 2
•	fied. BYLE A. HENRIQUEZ

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member "MGR" Kyle Henriquez 4119 Gunn Highway, Suite 15 Tampa, FL 33618 (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:** (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.) **KYLE HENRIQUEZ** Typed or printed name of signee STATE OF FLORIDA COUNTY OF PASCO and Designation Werffield Kyle A Henriauez on 23 October 2013 by FL Driver Lic Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Page 2 of 2 RUBIALASI Matary Public, State of Florida Commissions UD943592 My comm. explas Dec. 1, 2013

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)