L14000109440

(R	equestor's Name	e)
(Ad	ddress)	<u> </u>
(A	ddress)	
(C	ity/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Na	ame)
(Di	ocument Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	

Office Use Only



900261627029

07/10/14--01014--006 **130.00

FILED

14 JUL 10 PM 1:4:

JUL 1 0 2014

T. BROWN

COVER LETTER

Division of	Corporations		
SUBJECT: Spright	lv IIC		
Description of the second	Name of Li	nited Liability Company	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
Carl Mar	relli	Name of Person	·
		Name of Person	
Sprightly	, LLC		
		Firm/Company	
<u>13615 S</u>	. DIXIE HIGHWAY #114-4		
		Address	
MIAMI, F			
	C	City/State and Zip Code	
carlmarrelli@ya	hoo.com E-mail address: (to be use	d for future annual report notifica	ation)
For further information	on concerning this matter, ple	•	,
Carl Marrelli	at (<u> </u>		
Nar	ne of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for	or 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)

TO:

Registration Section

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

ADT	CT ES OF ODE ANIFZATION	AVEND BY ODINA I IMPERIO LADO PROCOMEDANO.	FS T
AKTI	CLESOF ORGANIZATIO	N FOR FLORIDA LIMITED LIABILITY COMPANY	产营 -
ARTICLE I - Name: The name of the Limited	Liability Company is:		SECREMANSSEE, PLORIC
SPRIGHTLY.	LLC	Limited Liability Company, "L.L.C.," or "LLC.")	PH SEE.
' (M	ust end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")	근
ARTICLE II - Address	:	scipal office of the Limited Liability Company is:	AFF.
Principal Office Addre	ss:	Mailing Address:	
13615 S. PITE #114-400 MIGMI, FL 33	•	13615 S. PITE HIGHWAY #114-480 MUMI, FL 33176	<u></u>
	ompany cannot serve as i	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an i fistration.)	ndividual or
The name and the Florid	a street address of the reg	gistered agent are:	
1	Corporation Service Co	ompany	
-		Name	
	1201 Hays Street		
_	·	O. Box NOT acceptable)	
	Tallahassee	_{FL} 32301	
_	City	Zip	
the place designated capacity. I further agre	in this certificate, I hereby see to comply with the pro- of amiliar with and accept Cosporation Service By: MASS	cept service of process for the above stated limited in accept the appointment as registered agent and agolisions of all statutes relating to the proper and complete of the obligations of my position as registered agent of Chapter 605, F.S Company S Signature (REQUIRED)	ree to act in this plete performance
	(CON	NTINUED)	

Page 1 of 2

<u> [itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
MGR	Carl Marrelli
	13615 S. DIXIE HIGHWAY #114-480
	MIAMI, FL 33176 US
	·
	
	
	,
• •	ate of filing: (OPTIONAL)
Use attachment if necessary) V: Effective date, if other than the detive date is listed, the date must be filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any.	specific and cannot be more than five business days prior to or
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any.	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
V: Effective date, if other than the detive date is listed, the date must be filing.) VI: Other provisions, if any.	specific and cannot be more than five business days prior to or
V: Effective date, if other than the detive date is listed, the date must be filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a	specific and cannot be more than five business days prior to or
V: Effective date, if other than the detive date is listed, the date must be filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document
V: Effective date, if other than the detive date is listed, the date must be filling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation under the section constitutes an affirmation under the section constitutes are section constitutes.)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the d tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation under the section of the section constitutes are affirmation under the section constitutes	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
V: Effective date, if other than the d tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation under the section of the section constitutes are affirmation under the section constitutes	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the detive date is listed, the date must be filling.) VI: Other provisions, if any. Signature of a (In accordance with section constitutes an affirmation up I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)

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)