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SECRETARY OF STATE
TALLIAMASSEE FLOORE

4 Shivers DEC 0 8 2014

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Spark	me of Limited Liability Company
The enclosed Articles of Organization and	d fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
Joige	Jose Henkle Name of Person
•	Name of Person
	park Solutions LLC Firm/Company
	Firm/Company
21479 Halstead	A Dr. Address
	Address
Boca Raton	Florida 33428 City/State and Zip Code
	City/State and Zip Code
jorgejh	enkle@gmail.com (to be used for future annual report notification)
E-mail address: ((to be used for future annual report notification)
For further information concerning this m	atter, please call:
Joige Jose Henkle Name of Person	at (561 866-0582 Area Code Daytime Telephone Number
Enclosed is a check for the following amo	ount:
\$125.00 Filing Fee S130.00 Filing Certificate of	· · · · · · · · · · · · · · · · · · ·

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 Compan	ıy is:			
Spark	Solutions	LLC		
(Must end with the w				"LLC.")
ARTICLE II - Address: The mailing address and street address of the	the principal offic	ce of the L	imited Liability Cor	npany is:
Principal Office Address:		Mailing A	Address:	
21479 Halstead Dr. Boca Raton, FL 33428		2147 Boca	9 Halstead Di Roton, FL 3	33428
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot sen another business entity with an active Flori	rve as its own Re	gistered A		
The name and the Florida street address of	the registered ag	gent are:		
Jorge	Jose Her	ikle		
•	Name			
	Halstead D			
Florida street addı	ress (P.O. Box <u>N</u>	OT accep	table)	
Boca f	haton	FL	33428 Zip	
C	City		Zip	
Having been named as registered agent an the place designated in this certificate, I capacity. I further agree to comply with to fmy duties, and I am familiar with and	I hereby accept the the provisions of I accept the oblig	ne appoints all statutes	nent as registered as relating to the prop	gent and agree to act in this er and complete performance
	Mes))		TAIS 1
	Agent's Signatur	e (REQUI	RED)	14 NOV : SECRETA
	(CONTINUE))		NRY SSEE
	Page 1 of 2			NOV 26 AM 8: 56 RETARY OF STATE AHASSEE. FLORIDA

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager	T T " .	
MGR	2019e 2018e Henkle	
	Joyc Jose Henkle 21479 Halstead Dr.	
	Boca Raton, FL 33428	
AMBR	Juan Guillermo Henkle	
	21479 Halstead Dr.	
	Boca Raton, FL 33428	
AMBK	Luz de Maria Henkle	
	21479 Halstead Dr.	
	Boca Auton, FL 33428	
	,	
effective date is listed, the date must be specific	ing: 01/01/2015 (OPTIONAL) and cannot be more than five business days prior to or 90 c	iay
CLE V: Effective date, if other than the date of fili	ing: 01/01/2015 (OPTIONAL) and cannot be more than five business days prior to or 90 c	iay
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ARTICLE IV-,