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SECRETARY OF STATE

WAPAIIS



TO: Registration Section
Uivision of Corporations

SUBJECT: Home

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Davor Zgaljic
Name of Person
SPO Management LLC
Firm/Company
1000 Fifth St. Ste 200-49
Address
City/State and Zip Code City/State and Zip Code Covor, Zaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
City/State and Zip Code
COVOT, Z(a) quall.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Davor Zgg jic at 305 807-6770

Name of Person Area Code Daytime Telephone Numbe

Enclosed is a check for the following amount:

S125,00 Filing Fee

S130.00 Filing Fee & Certificate of Storus \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

M\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclose)

1404.5

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

APR 20 AM 9: 15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACTION OF THE STATE OF THE STAT
ARTICLE I - Name: The name of the Limited Liability Company is:
Must end with the words "Limited Liability Company, "L.L.C.," or "U.C.")
(with the words Elimen Clashing Company, Lice, or other)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1000 Fifth St. Sto 200-49 1000 Fifth St. Ste. 200-49 Miam Beach, Ft 35139 Miam Beach, FL 33139
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:
Paracation Society Para
Corporation Services Company
1201 Hays St Florida street address (P.O. Box NOT acceptable) Tallahassee FI. 32301-2525 City 7.ip
Florida street address (P.O. Box NOT acceptable)
Tallahassee = 32301-2525
City 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 605, F.S.
Susan Easter
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

SPO Hanagement LLC			
1000 F. Filh 3t, Sto 200-149 Mich. Beach, FC 33137			
Use attachment if necessary)			
um Parte			
er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State provided for in s.817.155, F.S.)	nt		
voed or printed name of signee	36-07 <u> </u>		
Filing Fees:	ECRETA		
ization and Designation of Registered Agent	25 25 25 20		
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