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(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:]
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SECRETARY OF STATE

2015 JUN 22 AH 11: !

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COVER LETTER

TO: R	egistration S ivision of Co	ection rporations			
CUD IF CT		sulting LLC			
SUBJECT	·	Name of Li	mited Liabil	ity Company	
The enclos	ed Articles of	Organization and fee(s) a	re submitted	for filing.	
Please retu	rn all corresp	ondence concerning this m	natter to the f	following:	
	Joseph Burk	se e			
			Name of	Person	
	SPEC Cons	ulting, LLC			
		-	Firm/Co	mpany	
	480 Rudder	Rd			
			Addr	ess	
	Naples, FL	34102			
			City/State an	d Zip Code	
•	jburke@spec				
		E-mail address: (to be use	d for future a	innual report notificati	ion)
For further i	nformation co	oncerning this matter, plea	se call:		
	Joseph Burk		518	369-3398	
	Nan	··	Area Code	Daytime Telephon	
Enclosed i	s a check for t	the following amount:			
\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	00 Filing Fee & ed Copy al 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 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 Lia	ability Company is:			8 3
				\$ 5 J
SPEC Consultin				<u> </u>
(Must	end with the words "Limite	d Liability Company	/, "L.L.C.," or "LLC.")	4000
ARTICLE II - Address: The mailing address and stre	eet address of the principal	office of the Limited	Liability Company is:	THE PROPERTY OF STATE
<u>Pri</u>	ncipal Office Address:		Mailing Addres	is:
480 Rudder Rd		480	Rudder Rd	
Naples, FL 3410	2	Nap	les, FL 34102	
(The Limited Liability Companother business entity with The name and the Florida str	an active Florida registration reet address of the registere	on.)	. ca mast acsignme an man	, radia es
	Joseph Burke	Name		
		Name		
	480 Rudder Rd			
	Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)	
	Naples	FL	34102	
	City	State	Zip	
Having been named as registe, place designated in this certific further agree to comply with th am familiar with and accept th	cate, I hereby accept the app ne provisions of all statutes r ne obligations of my position	pointment as register relating to the proper	d agent and agree to act in and complete performance as provided for in Chapter 60	this capacity. I of my duties, and I
		rage i Ui Z		

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Joseph Burke
	480 Rudder Rd
	Naples FL 34102
(Use attachment if necessary)	
LE V: Effective date, if other than the date of fifective date is listed, the date must be specific of filing.)	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other than the date of fifective date is listed, the date must be specific of filing.)	c and cannot be more than five business days prior to or 90 da the applicable statutory filing requirements, this date will not be
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