## 45000123229

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

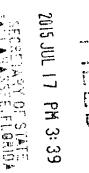




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07/17/15--01027--084 \*\*125.00

JUL 22 com C. CARROTHERS



## COVER LETTER

	of Corporations	
SUBJECT:	SPL31 Cows wlT, wo, LLC Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Arti	cles of Organization and fee(s) are submitted for filing.	
Please return all c	orrespondence concerning this matter to the following:	
	SAM LEWIS	
	Name of Person	
	Firm/Company	
	213 REGIS COURT	
	Address	
	/242-1220 FL 37 779	
	City/State and Zip Code  SLE W15 ZZ @ Cf L. rr. com	
	E-mail address: (to be used for future annual report notification)	
For further information	tion concerning this matter, please call:	
SAU	Eleurs at 407, 221-1036	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:	
\$125.00 Filing Fe	\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)
	Mailing Address Street Address	
	New Filing Section  Division of Corporations  New Filing Section  Division of Corporations	
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY LED

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:	2015	IUL 17 PM 3: 39
(Mustlend	SPL31 Constant with the words "Limited Liability Co	LTING ALL	ETARY OF STATE
ARTICLE II - Address: The mailing address and street	address of the principal office of the L	imited Liability Company	vis:
Princi	pal Office Address:	<u>Mailing</u>	Address:
	15 COURT OD FL 32779-4530	213 REGIS	COURT FL 32>>9-453
ARTICLE III - Registered Ay (The Limited Liability Compar another business entity with an	gent, Registered Office, & Registered on cannot serve as its own Registered A active Florida registration.)	d <b>Agent's Signature:</b> gent. You must designate	an individual or
The name and the Florida stree	t address of the registered agent are:		
1	SAM LEWIS		
:	Name		
	213 RE615 C	OURT	
:	Florida street address (P.O. Box 1)	IOT acceptable)	
; ;	LONGWOOD FL	<u> 3Zクク9</u> Zip	-4530
1	City State	Zip	
lace designated in this certificat urther agree to comply with the p	d agent and to accept service of process e, I hereby accept the appointment as re provisions of all statutes relating to the p abligations of my position as registered of Registered Agent's	gistered agent and agree proper and complete perfo	to act in this capacity. I ormance of my duties, and I
1	(CONTINU	J <b>ED</b> )	

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
•	
Λ W / .Ò	
AMBIC	SAM LEWIS 213 REGIS COURT
AMGR	LONGWOOD, FL 32379-45
AMBIR	CYNTHIA (EWIS
<del></del>	21/3 REGIS COURT
	LONG-WOOD FL 32999-49
•	
(I Inc. attaches also is i Community	
ective date is listed, the date must be sp	e of filing:
EV: Effective date, if other than the date ective date is listed, the date must be sportfiling.)  I the date inserted in this block does not ment's effective date on the Department	meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ective date is listed, the date must be sportfiling.)  I the date inserted in this block does not ment's effective date on the Department	meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ective date is listed, the date must be sport filing.)  the date inserted in this block does not ment's effective date on the Department	meet the applicable statutory filing requirements, this date will not of State's records.
EV: Effective date, if other than the date ective date is listed, the date must be spof filing.)	meet the applicable statutory filing requirements, this date will not of State's records.
LE V: Effective date, if other than the date ective date is listed, the date must be sport filing.)  the date inserted in this block does not ment's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mean This document is executed and aware that any fals constitutes a third degree.	meet the applicable statutory filing requirements, this date will not of State's records.  ember or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.
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