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(Business E	ntity Name)
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(Document	Number)
Certified Copies Ce	ertificates of Status
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Special Instructions to Filing Of	ricer:





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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Spearcrazy Char Name of Limited Lia	Hers LLC ability Company
The enclosed Articles of Organization and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to the	ne following:
James Simce	of Person
Spearcrazy Ch	Company
457 95th St.	ddress
Marathon, F City/State Keysdiver(0) 06 E-mail address: (to be used for future)	and Zip Code Cyahoo. com re annual report notification)
For further information concerning this matter, please call:	
James Simcic at (305) Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	Ą
Certificate of Status Cer	\$160.00 Filing Fee, tiffied Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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

ARTICLE I - Name: The name of the Limited Liability Company is:	
SpearCrazy Chart (Must end with the words "Limited Liability C	
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:
457 95th St.	457 95th St.
Marathon, FL 33050	Marathon, FL 33050
another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	imcic, III
Name	11100, 111
457 95th S	S 1 .
Florida street address (P.O. Box	x NOT acceptable)
_Marathon, F	_ 33050
City State	Zip
Having been named as registered agent and to accept service of proceplace designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registere Registered Agent	registered agent and agree to act in this capacity. I e proper and complete performance of my duties, and I
(CONTI	NUED)
Page	1of2 3 10 10 10 10 10 10 10 10 10 10 10 10 10

"AMBR" = Authorized Member "MGR" = Manager MGR	
MGR	C:
	James Singic, III
	Marathon, FL 33050
NAC-10	Samola Sinacia
MGR	457 95th St.
	Marathon, FL 33060
	·
	
<u></u>	
(Use attachment if necessary) EV: Effective date, if other than the date of	t 1
ment's effective date on the Department of	f State's records.
E VI: Other provisions, if any.	
E VI: Other provisions, if any. REOUIRED SIGNATURE:	
	Mamrit
REQUIRED SIGNATURE: Signature of a men	Uncut nberger an authorized representative of a member.
REOUIRED SIGNATURE: Signature of a men This document is execute	d in accordance with section 605.0203 (1) (b), Florida Statutes.
REOUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false i	beror an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes. nformation submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
REOUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false i	d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
REOUIRED SIGNATURE: Signature of a men This document is execute I am aware that any false i	d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State
Signature of a men This document is execute I am aware that any false i constitutes a third degree	d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Simcic Typed or printed name of signee Filing Fees:
Signature of a men This document is execute I am aware that any false i constitutes a third degree	d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Simcic Typed or printed name of signee
Signature of a men This document is execute I am aware that any false i constitutes a third degree	d in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: Inization and Designation of Registered Agent

ARTICLE IV-