## L 1500177686

(Requestor's Name)
(Address)
(1,001555)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(December 1)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

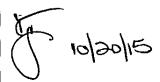


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## COVER LETTER

TO: Registration Section

Division of Corporations

15 00T 20 MH 12: 05

SECTLE STATE IALI ZIVASGEE FLORIDA

SUBJECT: D Spences Properties LLC.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

·
· /Company
<del>-</del> .
Address
08
e and Zip Cod.

For further information concerning this matter, please call:

Darson Spencer	at ( \$50 )	228-1875	
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

\$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

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

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE I - Namé:

The name of the Limited Liability Company is:

15 OCT 20 PH 12: 05

D Spences Properties LLC,
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARISTS OF STATE

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
723A ETennessee St. Tallahusiee Pl	11		7,
32308			<del>_</del> .

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:

Jasan Sances

Elevida street uddaese (B.O. Boy NOT assuptable)

Tallahussee F1 32308

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-			Aftermen.
The name and address of each person authorized	to manage and control the Li	mited Liability Company:	111 <u>20</u>
Title: "AMBR" = Authorized Member	Name and Address:	<b>1</b> 5 0	CT 20 FH 12: 05
"MGR" = Manager Ambr	Darchan Sources	SEC TAIT	HAR SHE REMIN
	Thelalussee, Pl	32308	
			- - -
			<del>-</del> -
·			_
			- -
(Use attachment if necessary)			
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific at the date of filing.)  Note: If the date inserted in this block does not meet the	ad cannot be more than five applicable statutory filing re-	business days prior to or !	•
the document's effective date on the Department of State	's records.	, , , ,	•
ARTICLE VI: Other provisions, if any.		·	
			<del></del>
REQUIRED SIGNATURES.			
	nation submitted in a documer	203 (1) (b), Florida Statute nt to the Department of Sta	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)