L15000194999

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	
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LLL		

Office Use Only



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11/10/15--01015--015 **125.00

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COVER LETTER

SUD IECT	Spearkon Properties
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	Jeff Verkon
	Name of Person
	Spearkon Properties
	Firm/Company
	125 Flower of Scotland Avenue
	Address
	St. Johns, Fl 32259
	City/State and Zip Code jverkon@yahoo.com
•	E-mail address: (to be used for future annual report notification)
or further i	nformation concerning this matter, please call:
	Jeff Verkon 813 629-1448
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
]\$ 125,00 Fi	
	Mailing Address Street Address

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Spearkon Propert	ies LLC	d Liability Cor	npany, "L.L.C.," or "LLC.")	· 		
	and with the words Diffine	a Diability Co.	,,			
ARTICLE II - Address: The mailing address and street	et address of the principal	office of the Li	mited Liability Company is:			
Prin	cipal Office Address:		Mailing Ad	dress:		
125 Flower of Sc	otland Ave/ St Johns, Fl 3	2259_	125 Flower of Scotland Av	enue	_	
			St Johns, Fl 32259			
 					_	
(The Limited Liability Comp	Agent, Registered Office Dany cannot serve as its ow	, & Registere n Registered A	d Agent's Signature:	individual or		
(The Limited Liability Companother business entity with	oany cannot serve as its ow an active Florida registrati	n Registered A ion.) ed agent are:	Agent's Signature: gent. You must designate an	individual or	15 NOV	orenes.
(The Limited Liability Companother business entity with	oany cannot serve as its ow an active Florida registrati eet address of the registere	n Registered A	Agent's Signature: gent. You must designate an	individual or	35	
(The Limited Liability Companother business entity with	pany cannot serve as its ow an active Florida registrati eet address of the registere Jennifer Verkon	n Registered A ion.) ed agent are: Name	gent. You must designate an	individual or SERVE FILE ANASSEE.	OI AON	Sandrel Sessons Sames
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(The Limited Liability Comp	pany cannot serve as its ow an active Florida registrati eet address of the registere Jennifer Verkon	n Registered A ion.) ed agent are: Name	gent. You must designate an	SERRETAMY ER STA	HIS OI AGN	Same of the same o
(The Limited Liability Companother business entity with	pany cannot serve as its ow an active Florida registrati eet address of the registere Jennifer Verkon 125 Flower of Scotl Florida street address	n Registered A ion.) ed agent are: Name	gent. You must designate an	SERRE FRY SE	MOV TO FM	Same of the same o

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = At "MGR" = Mat	uthorized Member	Name and Address:	
MGR		Jeffrey Verkon 125 Flower of Scotland Avenue St Johns, Fl 32259	
MGR		Jennifer Verkon 125 Flower of Scotland Avenue	
		St Johns, Fl 32259	<u> </u>
			100 To 10
-			
CLE V: Effective	nt if necessary) date, if other than the date o	of filing: November 15, 2016 (OPTION	
CLE V: Effective effective date is lite of filing.) If the date inserted	date, if other than the date of sted, the date must be special of this block does not me	cific and cannot be more than five business days pridect the applicable statutory filing requirements, this da	製物 3 IAB or to or 90 day
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