

L160000025866

(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:

Office Use Only



600281920076

02/08/16--01015--007 \*\*1125.00

RECEIVED  
16 FEB - 8 AM 11:40  
SUFFICIENCY OF FILING  
15 AGRIMENTS  
NOT RECORDED

16 FEB - 8 AM 11:52  
STATE OF FLORIDA  
TALLAHASSEE

FEB 08 2016

T SCHROEDER

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 2/8

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** **LLC** \_\_\_\_\_

1. **HOUSE OF SPEARS, LLC**  
(CORPORATE NAME AND DOCUMENT #) \_\_\_\_\_
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***ARTICLES OF ORGANIZATION OF HOUSE OF SPEARS, LLC***

The undersigned, acting as an Authorized Representative of this limited liability company pursuant to Chapter 605 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for said limited liability company:

### **ARTICLE I - NAME OF LIMITED LIABILITY COMPANY**

The name of this limited liability company shall be HOUSE OF SPEARS, LLC.

### **ARTICLE II - PERIOD OF DURATION**

The period of duration of this limited liability company shall commence on the date of filing of these Articles, and shall continue until dissolved pursuant to Chapter 605 of the Florida Statutes.

### **ARTICLE III - MAILING ADDRESS AND PRINCIPAL OFFICE**

The mailing address of this limited liability company shall be c/o Capital Wealth Advisors, 9045 Strada Stell Court, Suite 106, Naples, Florida 34109. The street address of the principal office of this limited liability company shall be 9045 Strada Stell Court, Suite 106, Naples, Florida 34109.

### **ARTICLE IV - INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The initial street address of the registered office of this limited liability company in the State of Florida shall be 2425 Tamiami Trail North, Suite 211, Naples, Florida 34103. The Members may from time to time move the registered office to any other address in Florida. The name of the initial registered agent of this limited liability company at that address is George A. Wilson. The Members may from time to time designate a new registered agent.

### **ARTICLE V - MANAGEMENT**

This limited liability company shall be managed by a Manager.

### **ARTICLE VI - NEW MEMBERS**

Additional persons may be admitted to this limited liability company as Members only with the prior written consent of all of the existing Members, or as otherwise permitted in accordance with the Operating Agreement for this limited liability company.

### **ARTICLE VII - AUTHORIZED REPRESENTATIVE AND NON-MEMBER MANAGER**

The name and address of the Authorized Representative and Manager of the limited liability company signing these Articles of Organization are:

Name

Address

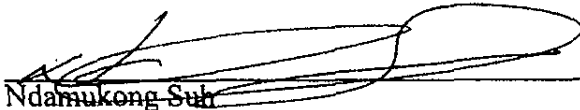
Ndamukong Suh

c/o Capital Wealth Advisors  
9045 Strada Stell Court, Suite 106  
Naples, Florida 34109

RECEIVED  
OFFICE OF STATE  
CLERK OF FLORIDA

2010-09-24 11:52

IN WITNESS WHEREOF, the undersigned Authorized Representative has made and subscribed these Articles of Organization at Naples, Florida as of the 10 day of January, 2016.

  
Ndamukong Suh

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service 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 in Chapter 605 of the Florida Statutes.

Dated as of January 10, 2016

  
George A. Wilson

G:\WDC\Client Files\Suh, Ndamukong\HouseOfSpearsLLC.art.wpd

16 FEB -9 AM 11:52  
SECRET  
STATE  
NOT TO BE RELEASED