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T E EDGINERAL

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	Invisible Sparks LLC
300360	Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please re	urn all correspondence concerning this matter to the following:
	Christian D. Reich
	Name of Person
	Invisible Sparks LLC
	Firm/Company
	10901 Brighton Bay Blvd. Unit 6207
	Address
	Saint Petersburg, FL 33716
	City/State and Zip Code sparkyreich@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	Christian Reich 630 272-7129
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
	Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Control of Corporations Clifton Building Clifton Building Tallahassee, FL 32301
	the same advanced.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Invisible Sparks LLC (Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10001 Delahtan Part Blud	10901 Brighton Bay Blvd.
10901 Brighton Bay Blvd.	
Unit 6207	Unit 6207
	Unit 6207 Saint Petersburg, FL 33716

Christian D. Reich

Name

10901 Brighton Bay Blvd. Unit 6207

Florida street address (P.O. Box NOT acceptable)

Saint Petersburg

FL

33716

City

State

Zip

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

SECRETARY OF STATE

TICO

<u> Citle:</u> AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
AMBR	Christian D. Reich
	10901 Brighton Bay Blvd. Unit 6207
	Saint Petersburg, FL 33716
ctive date is listed, the date must f filing.) he date inserted in this block does	to date of filing: 2/10/16
CV: Effective date, if other than the ctive date is listed, the date must filing.) he date inserted in this block does nent's effective date on the Depart CVI: Other provisions, if any. REQUIRED SIGNATURE:	not meet the applicable statutory filing requirements, this date will not ment of State's records. The applicable statutory filing requirements, this date will not ment of State's records.
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