

L1600087721

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000112760 3)))



H160001127603ABCY

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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

RE-SUBMIT

Please enter the filing
code of submission

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

515

Email Address: _____

RECEIVED

16 MAY -9 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
Spark Ventures Investments Group Ltd., LLC**

Certificate of Status	0
Certified Copy	0
Page Count	5
Estimated Charge	\$125.00

16 MAY -5 PM 2:29

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TALLAHASSEE, FLORIDA

mim

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Corporate Filing Menu

Help

5/9/2016 10:15:53 AM From: To: 8506176381(2/5)
850-817-6381 5/8/2018 3:38:54 PM PAGE 1/001 Fax Server



May 6, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

E-FILE CT CORPORATION

SUBJECT: SPARK VENTURES INVESTMENTS GROUP LTD., LLC
REF: W16000033490

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "LTD." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000112760
Letter Number: 316A00009599

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FLORIDA
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P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Spark Ventures Investment Group, 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:

David R. Sparks

Name of Person

Spark Ventures Investment Group, LLC.

Firm/Company

229 West Adelaide Dr.

Address

St. Johns / Florida 32259

City/State and Zip Code

sparksventuresinvestmentgroup@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Sparks

440

261-5449

at

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 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

16 MAY -5 PM 2:30

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Spark Ventures Investment Group, LLC.

(Must end with the words "Limited 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:

229 West Adelaide Dr.
St. Johns, Florida 32259

Mailing Address:

229 West Adelaide Dr.
St. Johns, Florida 32259

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation,

Florida

33324

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.

By: Kristin Bolden
C T Corporation System
Kristin Bolden
Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 MAY -5 PM 2:30

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

David R. Sparks

229 West Adelaide Dr

St. Johns, Florida, 32259

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X David R. Sparks

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

David R. Sparks

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)