

L 16000 123780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

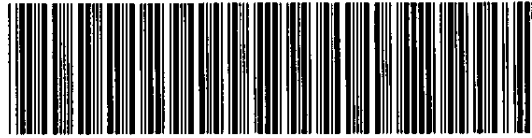
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spinks Real Estate 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:

Matthew Spinks

Name of Person

M.H. Spinks Events and Services, LLC

Firm/Company

2234 Monaghan Dr.

Address

Tallahassee FL 32309

City/State and Zip Code

m.spinks3@gmail.com

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

For further information concerning this matter, please call:

Matthew Spinks

Name of Person

at

850

Area Code

528-2966

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Spinks Real Estate Group L.L.C.

(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:

2034 Monaghan Dr
Tallahassee FL 32309

Mailing Address:

2034 Monaghan Dr.
Tallahassee FL 32309

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:

MAH Spinks
Name

2034 Monaghan Dr
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32309
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

AMBR

Rachelle Carter Sparks
2234 Monaghan Dr.
Tallahassee FL 32304

Ambr

Matthew H. Sparks
2031 Monaghan Dr
Tallahassee, FL 32309

ARTICLE V: Effective date, if other than the date of filing: 7.4.16. (OPTIONAL)

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.

REQUIRED SIGNATURE:

SIGNATURE: Rachelle Carter Spinko

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.

Matthew Spink Rachelle Cartin Spinks
Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)