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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sparkleberry Properties 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:	
Lori Kelley Name of Person	
Name of Person	
Sparkleberry Properties LLC Firm/Company	
3665 East Bay Dr Suite 204 #102 Address	
City/State and Zin Code  Sparkleberry II C. agmail.com  E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lori Kelley at (727) 420-9169 -	  -:1
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\frac{1}{2}\$	
Mailing Address  New Filing Section  New Filing Section	

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

ARTICLE I - Name:	C			
The name of the Limited Liability	Company is:			
Span	Kleberry	Prop	erties, L any, "L.L.C.," or "LLC.")	LC
(Must end wi	th the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	•
ARTICLE II - Address: The mailing address and street add	ress of the principal of	fice of the Limi	ted Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Ac	<u>idress</u> :
Sparkle berry 3665 Fa 3016 ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	annot serve as its own	k Registered A Registered Age		# 102 33771 individual or
The name and the Florida street ad	dress of the registered	agent are:		
	Lori	Kell	e /	
		Name		
	1048	-ay /	tre	
•	Florida street address	(P.O. Box NO	T acceptable)	•
	Largo	FL	33771	
	City	State	Zip	
Having been named as registered ag			the above stated limited li	ability company at

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Thomas Kelley  Largo FL 3377)  Thomas Kelley  Largo FL 3377)  Thomas Kelley  Largo FL 3377]  Interpretable of filing:  Largo FL 3377]  Interpretable of filing:  Lori Kelley  Largo FL 3377)  Interpretable of filing:  Lori Bernard of filing:  Lori	<b>Title:</b> "AMBR" = Authorized Membe	Name and Address:
Thomas Kelley  Largo Ft 3377)  Thomas Kelley  Largo Ft 1887  Thoma	AMBR" = Aumorized Membe MGR" = Manager	
In the mast Kelley    Largo FL 3377    Thomas Kelley   Largo FL 3377    La	AMBR	Lori Kelley
ttachment if necessary)  Iffective date, if other than the date of filing:  Largo FL 33377  Interpolate is listed, the date must be specific and cannot be more than five business days prior to or 9 (a)  Interpolation of the Department of State's records.  Other provisions, if any.  INTERD SIGNATURE:  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.  Typed or printed name of signee  Filing Fees:  Of Filing Fee for Articles of Organization and Designation of Registered Agent  Of Certified Copy (Optional)		
itachment if necessary)  Iffective date, if other than the date of filing:  Late is listed, the date must be specific and cannot be more than five business days prior to or 9 (1)  Le inserted in this block does not meet the applicable statutory filing requirements, this date will neeffective date on the Department of State's records.  Other provisions, if any.  INTED SIGNATURE:  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 Stat constitutes a third degree felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  .00 Filing Fee for Articles of Organization and Designation of Registered Agent .00 Certified Copy (Optional)		<u>Largo FL 33/1/</u>
ttachment if necessary)  Iffective date, if other than the date of filing:	AMBR	Thomas Kelley
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Effective date, if other than the date of filing:		Largo FC 33771
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ARTICLE IV-

Page 2 of 2