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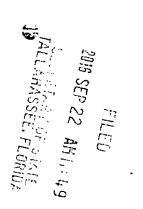
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Special Instructions to Filing Officer:		
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Butterfly Spark LLC Name of Limited Liability Company		
'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:		
Jacqueline Spence-Sales Name of Person		
Butterfly Spark LLC Firm/Company		
• •		
915 S. Orleans Ave Address		
Address		
Tampa, FL 33606 jackie a Butterflyspark.com		
Jackie a Butterflyspark.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jacqueline Sence-Sales (931, 217-5808		
Jacqueline Spence - Sales at (931) 217-5808  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 Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)		
Mailing Address Street Address		
New Filing Section New Filing Section Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 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:	FILEG
Butterfly Spark LLC	2016 SEP 22 AM 11: 49
(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:	TALLAHASSEE, FLORIDA
Principal Office Address: Mailing Add	lrece.

Principal Office Address:	Wanting Addiess.
915 S. Orleans Ave	915 S. Orleans Ave
Tanpa, FL 33606	Tampa, FL 33606

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:

Jacqueline Spence - Sales

Name

915 S. Onleans Are

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

Tampa FL 33606

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

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  MGR	Jacqueline Spence-Sales 915 S.Orleam Ave Tampa, FL 33606	
,		
(Use attachment if necessary)		
(If an effective date is listed, the date must be specifithe date of filing.)	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 90 days after at the applicable statutory filing requirements, this date will not be listed a State's records.	
REQUIRED SIGNATURE:	Roen as ales	
This document is executed I am aware that any false in	or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. iformation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.	
	Typed or printed name of signee	
\$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees:  nization and Designation of Registered Agent	

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

ARTICLE IV-