

L1600194933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

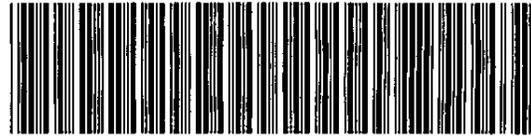
(Business Entity Name)

(Document Number)

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16 OCT 17 PM 5:47

REG. STATE  
CLERK

M. MOON  
OCT 17 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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16 OCT 17 PM 4:35

COMMERCIAL  
STATE DEPARTMENT OF STATE

October 3, 2016

WILLIAM BRUCE SPATH  
811 PENINSULA RD  
TARPON SPRINGS, FL 34689

SUBJECT: BRUCE SPATH, LLC  
Ref. Number: W16000067737

We have received your document for BRUCE SPATH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P16000005312.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Matthew T Moon  
Regulatory Specialist II

Letter Number: 716A00021193

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section  
Division of Corporations

WILLIAM BRUCE SPATH LLC

SUBJECT: BRUCE SPATH 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:

WILLIAM BRUCE SPATH  
Name of Person

BRUCE SPATH, LLC  
Firm/Company

811 PENINSULA RD.  
Address

TARPON SPRINGS FL 34689  
City/State and Zip Code

WILLIAM BSPATH@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM SPATH at (727) 793-7711  
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 OCT 17 PM 6:47  
STATE OF FLORIDA  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WILLIAM BRUCE SPATH LLC  
~~BRUCE SPATH, 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:

Mailing Address:

811 PENINSULA RD  
TARPON SPRINGS FL 34689

811 PENINSULA RD  
TARPON SPRINGS FL 34689

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:

WILLIAM B. SPATH  
Name

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

TARPON SPRINGS FL 34689  
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)

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FLORIDA SECRETARY OF STATE

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

WILLIAM B. SPATH  
811 PENINSULA RD  
TARPON SPRINGS FL 34689

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 28 SEPT 2016 (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:**



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.

WILLIAM B. SPATH

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)

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SECRET  
STATE  
FALL