# L1600198522

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | usiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
| L                       |                    |           |

Office Use Only



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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | R | TI | CI | LE | j. | - Na | me: |
|---|---|----|----|----|----|------|-----|
|---|---|----|----|----|----|------|-----|

The name of the Limited Liability Company is:

## BUGSPANG, LLC., a Florida limited liability company

(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:

| <b>Principal Office Address:</b> | Mailing Address:        |  |
|----------------------------------|-------------------------|--|
| 2140 NW 63rd Ct.                 | 2140 NE 63rd Ct.        |  |
| Ft Lauderdale, FL 33308          | Ft Lauderdale, FL 33308 |  |

# 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:

| Terry D. Spangler     |                            |            |
|-----------------------|----------------------------|------------|
|                       | Name                       |            |
| 2140 NE 63rd Ct.      |                            |            |
| Florida street addres | ss (P.O. Box <b>NOT</b> ac | rceptable) |
| Ft Lauderdale         | FL                         | 33308      |
| 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..

(CONTINUED)

nature (REQUIRED)

Page 1 of 2

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|              | e:<br>fBR" = Authorized Member<br>GR" = Manager | Name and Address:   |
|--------------|---|---|
|              | R - Wanager                                     | Terry D. Spangler   |
|              |   | 2140 NE 63rd Ct.  |
|              |   | Ft. Lauderdale, FL 33308  |
| MG           | R   | Carolyn Spangler  |
|              |   | 2140 NE 63rd Ct.  |
|              |   | Ft Lauderdale, FL 33308   |
|              |   |   |
|              |   |   |
|              |   | APPRIL ALL ALL  |
|              |   |   |
|              |   |   |
|              |   |   |
| (Use         | e attachment if necessary)                      |   |
| ICLE V:      | Effective date, if other than                   | e date of filing: (OPTIONAL)  |
|              |   | be specific and cannot be more than five business days prior to or 90 days after    |
| late of fili |   |   |
|              |   | not meet the applicable statutory filing requirements, this date will not be listed |
| document     | 's effective date on the Depa                   | ment of State's records.  |
|              | l: 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.

Terry D. Spangler

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)