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COVER LETTER

	ew Filing Section ivision of Corporations				
SUBJECT	LSPI Brand L.L.C.				
SOUGECI		Limited Liabi	ity Company		
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.		
Please retu	arn all correspondence concerning this	matter to the	following:		
	Ezequiel A. Rivera				
		Name of	Person		
	LSPI Brand L.L.C.				
	Firm/Company				
	Address				
	City/State and Zip Code ezequiel.rivera4182@gmail.com				
•		sed for future a	annual report notification)		
For further in	nformation concerning this matter, ple				
	Ezequiel A. Rivera	850	585-7688		
	Name of Person	Area Code	Daytime Telephone Number		
Enclosed is	a check for the following amount:				
\$125.00 Fi	lling Fee \$130.00 Filing Fee & Certificate of Status	LlCertifi	90 Filing Fee & \$160.00 Filing Fee, ed Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section		Street Address New Filing Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:	
LSPI Brand L.L.C.	
(Must contain 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	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
13806 Chalk Hill Pf.	13806 Chalk Hill Pl.
Riverview, FL 33579	Riverview, FL 33579
The name and the Florida street address of the registered agent are Ezequiel A. Rivera Name	e:
13806 Chalk Hill Pl. Florida street address (P.O. Be	ox NOT acceptable)
	. /
Riverview FA City Sta	33579 Zip
	as registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I

17 HAR 29 AM 8: 02

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Ezequiel A. Rivera 13806 Chalk Hill Pl. Riverview, FL 33579
(Use attachment if necessary)	
an effective date is listed, the date must be specie date of filing.)	filing: 03/27/2017 (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
RTICLE VI: Other provisions, if any.	spate s records.
REQUIRED SIGNATURE:	is /
This/document is executed I am aware that any false in	ber 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.
Ezequiel A. Rivera	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)