

17000122574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W17-37Lde2

Office Use Only



100298341231

05/01/17--01033--002 **35.00

05/22/17--01018--010 **90.00

FILED
2017 JUN -5 P 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 06 2017

Miami, 31st May 2017

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee FL 32314

REF: W17000037662

Dear Sirs,

Just to start thanking you for my personal lost attention due so many issues at the same time and went over this detail. Now has being corrected and please once again I am sorry for causing this inconvenience created.

Please could conclude this company without the (Corp), leaving only SPAKA LLC . If you may need any additional information let me know.

Once again thank you for your support and assistance.

Sincerely yours,



Paulo J Casseb

2017 JUN -5 PM 4:53
TALLAHASSEE, FLORIDA

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2017 JUN -5 P 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2017

MARLENE VICTORIA SPACASSASSI
1952 NW 93RD AVENUE
DORAL, FL 33172

SUBJECT: SPAKA CORP LLC
Ref. Number: W17000037662

2017 JUN -5 PM 1:55
TALLAHASSEE
FLORIDA

We have received your document for SPAKA CORP 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):

You failed to make the correction(s) requested in our previous letter.

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 117A00010492

2017 JUN -5 P 3:58
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 2, 2017

MARLENE VICTORIA SPACASSASSI
1952 NW 93RD AVENUE
DORAL, FL 33172

SUBJECT: SPAKA CORP LLC
Ref. Number: W17000037662

2017 JUN -5 P 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for SPAKA CORP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$90.00.

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 917A00008580

2017 MAY 19 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SPAKA CORP 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:

MARLENE VICTORIA SPACASSASSI
Name of Person

SPAKA CORP LLC
Firm/Company

1952 NW 93RD AVENUE
Address

DORAL FL 33172
City/State and Zip Code

PJCASSEB@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paulo Casseb at (305) 721 8590
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

2017 JUN -5 P 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPAKA LLC

(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 Limited Liability Company is:

Principal Office Address:

Mailing Address:

1952 NW 93RD AVENUE

SAME

DONAL FL 33172

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:

Paula - Casseb

Name

1950 NW 93RD AVENUE

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

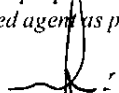
DONAL FL 33172

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)

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2017 JUN -5 P 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

7 SECRETARY

Name and Address:

Paul J Casseb
1950 NW 93RD AVENUE
Doral FL 33172

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Paul J Casseb

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)

2017 JUN -5 P 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED