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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MURPHY AND ELLIS, PLLC
Account Number : I20130000051
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Fax Number : (904)425-2229

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Spark Sigma, LLC

Certificate of Status	1
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APR 23 2018

TO: Registration Section
Division of Corporations

SUBJECT: Spark Sigma, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

James T. Murphy, Esq.
MURPHY & ELLIS, PLLC
121 W. Forsyth Street, Ste. 800
JACKSONVILLE, FL 32202
E-mail address (to be used for future annual report notification): james@businesslawjax.com

For further information concerning this matter, please call:

James T. Murphy, Esq. at (904) 342-6009

Enclosed is a check for the following amount: \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION
OF
SPARK SIGMA, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is Spark Sigma, LLC. ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
50 N. Laura Street, Suite 2500
Jacksonville, Florida 32202

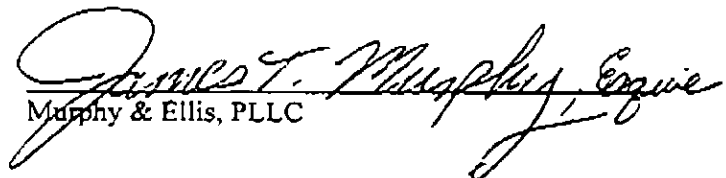
Mailing Address:
50 N. Laura Street, Suite 2500
Jacksonville, Florida 32202

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Murphy & Ellis, PLLC
121 W. Forsyth Street, suite 800
Jacksonville, Florida 32202

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.


Murphy & Ellis, PLLC

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

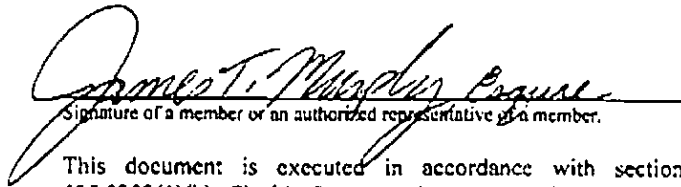
"MGR" = Manager

"AMBR" = Authorized Member

MGR

Dennis G. Lockyer
1531 Harrington Park Drive
Jacksonville, Florida 32225

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.

James T. Murphy, Esq., Legal Representative
Typed or printed name of signer

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TALLAHASSEE, FLORIDA