

(Re	questor's Name)	
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
Will		

Office Use Only



400318305384

09/11/18--01002--013 **125.00

K. PAGE

18 SEP 10 PM 4: 45

DIVISION OF CORROBATIONS TALL AREAS OF CORROBATIONS

2018 SEP 10 177 4:48

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Edward E Spence 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:			
Edward E. Spence			
5927 Deer p	ork Cis		
City/State and Zip Code City/State and Zip Code			
For further information concerning this matter, please call:			
Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
Certificate of Status Certified	Siling Fee & Silonon Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)		
	rect Address ew Filing Section		
Division of Corporations Di	Division of Corporations Clifton Building		
	61 Executive Center Circle		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

The mailing address and street address of the principal office of the	Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5927 Deer park Cir	5927 Deel park Cil	
Tall. I kg 32301		
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	I Agent. You must designate an individual or	
The name and the Florida street address of the registered agent are: Edward Sp. Name		
5927 Deec Florida street address (P.O. Box	x NOT acceptable)	

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..

Cluxud Spence
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2018 SEP 10 Pil 4: 4:

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

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)

ARTICLE IV-