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TALLAHASSEE, FLORIDA

D O'KEEFE  
DEC 14 2010

## COVER LETTER

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** In Spades Consulting, 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:

Wade England

Name of Person

In Spades Consulting, LLC

**Firm/Company**

1102 Solana Avenue

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**Address**

Tallahassee, Florida 32304

City/State and Zip Code

inspadesconsulting@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wade England 850 774-2846  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

**Mailing Address:**

**New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Street Address**

New Filing Section  
Division of Corporations  
Clinton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

In Spades Consulting, 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:

1102 Solana Avenue  
Tallahassee, Florida 32304

Mailing Address:

1102 Solana Avenue  
Tallahassee, Florida 32304

**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:

Wade England

Name

1102 Solana Avenue

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

Tallahassee

Florida

32304

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..*

Wade England

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Wade England

1102 Solana Avenue

Tallahassee, Florida 32304

AMBR

Timothy Shopmver

2692 Faringdon Drive

Tallahassee, Florida 32304

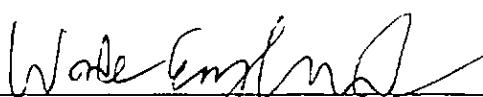
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2019. (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.

Wade England

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)**

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SUBMISSION  
TALLAHASSEE, FLORIDA

