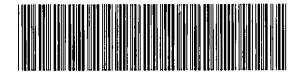
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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2019 JUN 20 AM 9: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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JUN 21 2019

K Brumbley

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

6/20/19

NAME:

SALTY SPUR, LLC

TYPE OF FILING: ARTICLES

COST:

130.00

RETURN:

CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Salty Sour LLC. Name of Limited Liability Company
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:
Jeffrey Glenn
Name of Person
Firm/Company
410 NW 1st Ave
FORT Lauderdale, FL. 33301
JGLENN2@MAC.COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeffrey Glenn at 954 707-9296
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address New Filling Species
New Filing Section New Filing Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314 Zoo1 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mailing Address:

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

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

410 NW 1st AVE 410 NW 1st AVE
Ft. Landerdale, FL. Ft. Landerdale, FL.
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:
Jeffrey Glenn
Name
410 NW 1st AVE
Florida street address (P.O. Box NOT acceptable)
FORT Landerdale, FL. 33301
City State Zip
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proves and complete performance of my duties, and I m familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S Registered Agent Signature (REQUIRED)

(CONTINUED)

FILED
19 JUN 20 AM 9: 34

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager _AMBR	Jeffrey Glenn
	HID NW 1st AVE
	Ft. Landerdale, FL. 3330
	· · · · · · · · · · · · · · · · · · ·
	
Use attachment if necessary)	
EV: Effective date, if other than the date citive date is listed, the date must be ap	e of filing: (OPTIONAL) sectific and cannot be more than five business days prior to or 5
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