

LP 000 187 406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

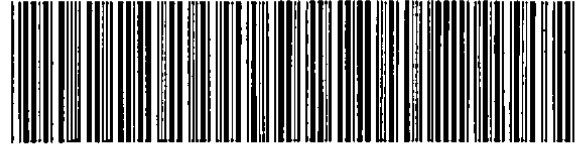
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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19 JUL 19 PM 2:55

D O'KEEFE

AUG 02 2019

Poppy Spencer  
Spencer Mediation  
15 Paradise Plaza #210  
Sarasota, FL 34239  
(941) 586-2911  
pg@poppyandgeoff.com

July 16, 2019

to:  
Florida Department of State: Division of Corporations

Dear Sir/Madam:

Enclosed is the filing for Spencer Mediation, LLC., along with a check made payable to Department of State for \$160.

Thank you in advance for your filing of this LLC.

Best regards,

A handwritten signature in black ink, appearing to read "Poppy Spencer", with a long horizontal flourish extending to the right.

Poppy Spencer (Mgr)

19 JUL 19 PM 2:56  
AIR MAIL  
AIR MAIL

## COVER LETTER

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

**SUBJECT:** Spencer Mediation, 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:

Poppy Spencer

Name of Person

Spencer Mediation, LLC

Firm/Company

15 Paradise Plaza, #210

Address

Sarasota, FL 34239

City/State and Zip Code

pg@poppyandgeoff.com

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

For further information concerning this matter, please call:

Poppy Spencer

941

586-2911

at ( )

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Spencer Mediation, 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:**

Spencer Mediation, LLC

15 Paradise Plaza, #210

Sarasota, FL 34239

**Mailing Address:**

Spencer Mediation, LLC

15 Paradise Plaza #210

Sarasota, FL 34239

**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:

Poppy Spencer

Name

15 Paradise Plaza, #210

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

Sarasota

FL

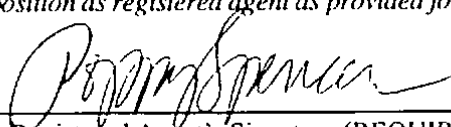
34239

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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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

**Name and Address:**

Poppy Spencer

15 Paradise Plaza #210

Sarasota, FL 34239

Geoffrey Spencer

15 Paradise Plaza #210

Sarasota, FL 34239

(Use attachment if necessary)

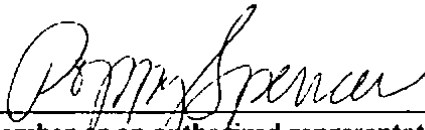
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Poppy Spencer

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)**

FILED  
19 JUL 19 PM 2:55  
TALLAHASSEE, FL