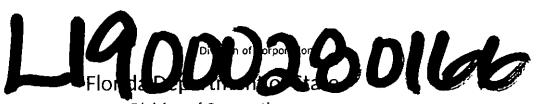
11/25/2019



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000344103 3)))



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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>Email Address:</b>		_	 	

## FLORIDA LIMITED LIABILITY CO. Sparks Tech LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

11/25

## ARTIGLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Sparks Tech LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	

## ARTICLE II - Address:

ARTICLE I - Name:

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

7901 4th St N	7901 4th St N
STE 300	STE 300
St. Petersburg FL 33702	St. Petersburg FL 33702

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:

Principal Office Address:

Northwest Regis	stered A	gent LLC
N	ame	
7901 4th St N S	TE 300	
Florida street address (F	.O. Box <u><b>NO</b></u>	T acceptable)
St. Petersburg	FL	33702
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..

Northwest Registered Agent LLC

Tom Glover - Assistant Secretary

Registered Agent's Signature (REQUIRED)

Mailing Address:

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	John Doig
- Carrier	7901 4th St N Suite 300
	St. Petersburg, FL 33702
(Use attachment if necessary)	(OPTIONAL)
LE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific an e of filing.) If the date inserted in this block does not meet the	:
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## 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-