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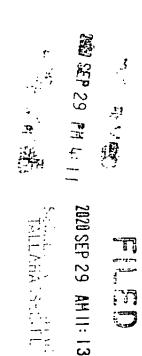
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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89/30/20--01001--011 **130.00



C RICO SEP () 9 2920 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Business Name & Document Number, (if know	(OFFICE USE ONLY)
1. SPRINGTIME EQUITIES LLC	
Name	Document Number (if known)
x Walk in	Will wait
Certified Copy of:	
X_ Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for ProfitX_ Limited Liability Domestication INC OTHER	Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual Report	Foreign
Fictitious Name	Limited PartnershipReinstatement
Statement of Authority	
APOSTIL COUNTRY	TrademarkOther
	EXAMINER'S INITIALS:

COVER LETTER

	New Filing Sec Division of Cor				
SUBJEC		ME EQUITIES LLC			
NOBJEC		Name o	of Limited Lia	bility Company	
The enck	osed Articles of	Organization and fee	(s) are submit	ted for filing.	
Please re	turn all correspo	ondence concerning th	is matter to th	ne following:	
	AZUREDE I	ROSS			
		_	Name	of Person	
	MERIDIAN	PARTNERS LAW P	.A.		
			Firm	Company	
	4923 W. CY	PRESS STREET			
			A	ddress	
	TAMPA, FL	33607			
	AZUREDE@	MERIDIANPARTNI	•	and Zip Code	
				re annual report notificat	ion)
For further	r information co	ncerning this matter, (olease call:		
	AZUREDE R		813	443-5260	
	Nam	e of Person	Area Code		ie Number
Enclosed	is a check for the	he following amount:			
	00 Filing Fee	■\$130.00 Filing F Certificate of Statu	is Cer	155.00 Filing Fee & tified Copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assec et, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SPRINGTIME E				
(Must	contain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and stro	eet address of the principal (office of the Limited	Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address	<u>i</u> :
2202 N. WESTSHORE BLVD., STE 200 TAMPA, FL 33607			2202 N. WESTSHORE BLVD., STE 200 TAMPA, FL 33607	
he name and the Florida st	reet address of the registered	d agent are:		
he name and the Florida st	BRYAN W. SYKES			ALAYAS:
he name and the Florida st	BRYAN W. SYKES	S. ESQ. Name		ALAHASSI D
he name and the Florida st	_	S. ESQ. Name STREET	cceptable)	ALAHASSI LEL
he name and the Florida st	BRYAN W. SYKES 4923 W. CYPRESS Florida street addres	S. ESQ. Name STREET SS (P.O. Box NOT a		ALAHASSI LIFE
The name and the Florida st	BRYAN W. SYKES	S. ESQ. Name STREET	cceptable) 33607 Zip	STAHAS STORE

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR — Wallager	HARSHA GOWDA 2202 N. WESTSHORE BLVD., STE 200 TAMPA, FL 33607
MGR	RPG FAMILY LLC 2123 WILLIAMSBRIDGE RD. BRONX. NY 10461
(Use attachment if necessary)	
(If an effective date is listed, the date m the date of filing.)	n the date of filing: 09/28/2020 (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any. ANY AND ALL LAWFUL BUSINESS	
REQUIRED SIGNATURE:	3-2
This document I am aware tha	re of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State ird degree felony as provided for in s.817.155, F.S.

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

Filing Fees:

BRYAN W. SYKES / AUTHORIZED REPRESENTATIVE
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)