L20000302428

(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 Filling Officer				

Office Use Only



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SECRETARY OF STATE 2020 OCT -5 AH 8: 47

cor -

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 10/2/2020

850-245-6051

PRIORITY Routine

OUR REF_#_(Order_ID#) 855699

ORDER ENTITY

SPROUT OPPORTUNITY FUND 10-2020, LLC

P	LEASE	PERF	ORM	THE	FOLL	IWO.	NG S	ERV	ICES	 5:
-				,: — _						~~
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SPROUT OPPORTUNITY FUND 10-2020, LLC (FL)

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: jeff@irsolutions.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, October 2, 2020

Page 1 of 1

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2020 007 -5 AM 8: 47

ARTICLE I - Nan	ne:	
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The name of the Limited Liability Company is:

SECRETALLY OF STATE
TALLAMASSEE, FL

_	Pront	0	oportunity	Fund	10-2020,	LLL
	(Must cor	ntain t	he words "Limited Li	iability Comp	oany, "L.L.C" or "Ll	LC.")

ARTICLE II - Address:

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

Principal Office Address:	<u>Mailing Address</u> :		
14041 NW 8th C+	14041 N W 8th St		
June 1, F1 33325	Sunrise, FL 33325		

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:

Incorporating So	ervices, Ltd.	
	Name	
1540 Glenway I	Drive	
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
Tallahassee, FL	32301	
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)

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager	JUST FIGHER 14041 NW BIL ST JUSTINE PL 33325				
	2020 OCT -				
	-5 AH 8: 47				
	c of filing: (OPTIONAL)				
the date of filing.)	meet the applicable statutory filing requirements, this date will not be listed as tof State's records.				
ARTICLE VI: Other provisions, if any.	•				
REQUIRED SIGNATURE:	14				
This document is execu I am aware that any fals constitutes a third degree	the period of an authorized representative of a member, attend in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.				
	Typed or printed name of signee				

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

Filing Fees:

\$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)