## L21000102721

(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:

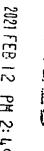




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## COVER LETTER

то:	New Filing Sec Division of Cor				
SUBJ	FCT-	SPECT	EALLC		
30,00		Name of Lim	ited Liability Company		
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please	return all correspo	ondence concerning this ma	tter to the following:		
		KHALED	ALSALEM		
			Name of Person		
		SPEC	TRA LLC		
			Firm/Company		
	59	16 COCONU-	T STRSS T Address		
			14CH, FC 3293 ty/State and Zip Code		
	1	E-mail address: (to be used	for future annual report notificati	on)	
or furt	her information co	ncerning this matter, please	call:		
	_		321 ) 83/-898 rea Code Daytime Telephon		
Enclos	sed is a check for t	he following amount:			
□\$12	25.00 Filing Fee	XIS130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & S Certified Copy S (additional copy) corology	9891 <b>S</b> ER
	New F Divisio P.O. B	ng Address iling Section on of Corporations fox 6327	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	et, Suite 810	p li

## AKHCLESOFORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SPECT	TRA LIC the words "Limited Lia				<u></u>		
(Must contain	the words "Limited Lia	ability Compa	my, "L.L.C.,	" or "LLC.")			
ARTICLE II - Address: The mailing address and street add	ress of the principal offi	ee of the Lim	ited Liability	/ Company is:			
<u>Principal</u>	Office Address:			Mailing Addi	ress:		
546 COCONU SATELLITA	T STRHAT BACH, FL329	<u>-</u> 237 -	546 C	PCONUT S	TRS&T H, FL 32	.937	
ARTICLE III - Registered Agent (The Limited Liability Company ca another business entity with an act	innot serve as its own Ri	egistered Age			dividual or		
The name and the Florida street ad-	dress of the registered ag	gent are:					
	KHALES	ALSAC	BM				
	546 CoCol	<i>VUT S</i> P.O. Box <u>NO</u>	<i>TRSE</i> 7 <b>T</b> acceptable	2)			
	<i>5475(UTH 86</i> City	SACH , FO	3293	7			
	City	State		Zip			
Having been named as registered ago place designated in this certificate. I i further agree to comply with the prov am familiar with and accept the oblig	hereby accept the appointisions of all statutes rela eations of my position as	ntment as regi iting to the pre	stered agent oper and con ent as provid Saleuu	and agree to act uplete performan led for in Chapte.	in this capacity. ce of my duties, c	1	
	(	(CONTINUE	ED)		N/LUATIONE	2021 FEB 12 PM	
					ن	N)	رُ آ اِ

<u>le:</u> MBR" = Authorized Member	Name and Address:
GR" = Manager	
AMBR	DEANN GROVE 4546 COCONUT STRAFT SATELLITE BUNCH, FL 32937
	SATELUTA BUNCH, FL 37437

ARTICLE VI: Other provisions, if any.

(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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as

REQUIRED SIGNATURE:

the date of filing.)

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

the document's effective date on the Department of State's records.

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.

\_. (OPTIONAL)

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)