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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2021

STEPHEN P. KAUFMAN 8115 MAIN ST, 129 USEPPA ISLAND BOKEELIA, FL 33922

SUBJECT: SPK SERVICES, LLC Ref. Number: W21000096927



We have received your document for SPK SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P17000079758.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Steve J Kurisko Regulatory Specialist II

Letter Number: 821A00015449

## Stephen P Kaufman Box 640 Bokeelia, FL 33922

August 2, 2021

Mr. Steve Kurisko
Regulatory Specialist II
Florida Department of State
Division of Corporations
Corporate Records
Box 6327
Tallahassee, FL 32314

Subject: SPK Services, LLC Ref. Number W21000096927

Dear Mr. Kurisko



I apologize for an error in resubmitting the Articles of Incorporating for establishing an LLC in Florida in accordance with your letter to me of July 7, 2021 (Letter Number 821A00015449; copy attached). I have modified the name to SPK Properties & Services LLC as was requested to avoid conflict with a name already in use (SPK Properties LLC). However, I mistakenly mixed up the forms and included the wrong article 1 page in the package I sent dated July 30. The attached 3-page application, with the proper article 1 page is the correct one

Since you have already processed my \$125 check I have not enclosed another.

Thank you, Stephen P Kaufman

#### **COVER LETTER**

ro: New Filing S Division of C			
UBJECT: SPK	PROPERTIES +		
	Name of Li	mited Liability Company	
ne enclosed Articles o	f Organization and fec(s) a	re submitted for filling.	
ease return all corresp	oondence concerning this m	atter to the following:	182
5	TEPHEN P. KAU	FMAN	E E
		Name of Person	MAI AUG-9 PH 4: 53
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		Address	
BoKe	ELIA, FL 33	1922	
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1	E-mail address: (to be used	for future annual report notificat	ion)
urther information co	ncerning this matter, please	call:	
STEPHE	N KAUPMAN at (	516 , 521-0012	₹
Nam	e of Person Ar	ea Code Daytime Telephon	e Number
losed is a check for t	ne following amount:		
S125.00 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
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	OPERTIES Y SER			r "LLC.")	<del></del>
ARTICLE II - Address:		•	,	,	
The mailing address and stre	et address of the principal o	office of the Li	mited Liability C	ompany is:	
<u>Prin</u>	cipal Office Address:		1	Mailing Address	:
8115 MAIN				4ME	
<u>(29 USEPP</u> RAKEFLIA	A ISLAND FL 33922				
<u> DW Yesel</u> ( L					<del></del>
ARTICLE III - Registered . (The Limited Liability Comp.					dual or
another business entity with			ciii. 10a iiiusi u	Signate att littivi	ddai or
The name and the Florida stre	et address of the registered	agent are:			
The limite and the Horizon Str	<del>-</del>	=	UFMAN		
	STEPHEN	Name			
	8115 MAIN			PA ISLANI	<b>S</b>
	Florida street address		•	<del></del>	
	BOKEELIA	FL	33922		
	City	State	Zip	)	
aving been named as registere	,			22) / 210 / 40	_
	te, I hereby accept the appo provisions of all statutes rei	intment as reg	istered agent and oper and complet	agree to act in the te performance of	s capacity. 1 my duties, and 1
rther agree to comply with the in familiar with and accept the	Step	-//	gent as provided for the grant	· 	. F.S

# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager SOLE MEMBER	STEPHEN P. KAUFMAN BILLS MAIN STREET, 129 USE1141 BOKEELIA, FL. 33922	i isu
EV: Effective date, if other than the date crive date is listed, the date must be sp f filing.)	e of filing: (OPTIONAL pecific and cannot be more than five business days prior to	or 90 d
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rective date is listed, the date must be spot filing.) the date inserted in this block does not a ment's effective date on the Department E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mean This document is executed a mean aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date was of State's records.  The matter of an authorized representative of a member of a member of an accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of the felony as provided for in s.817.155, F.S.  THEN P. KAUFMAN  Typed or printed name of signee  Filing Fees:  "ganization and Designation of Registered Agent"	tutes. State