

L22000141216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

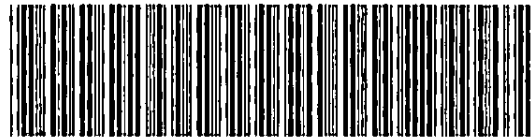
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2022

SPOARKLES PROPERTY SERVICES LLC
1500 ATLANTIC BLVD #313
KEY WEST, FL

SUBJECT: SPARKLES PROPERTY SERVICES LLC
Ref. Number: W22000019532

We have received your document for SPARKLES PROPERTY SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 622A00003937

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SPARKLES PROPERTY SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARK SCHOONOVER

Name of Person

SPARKLES PROPERTY SERVICES LLC

Firm/Company

1500 ATLANTIC BLVD 313

Address

KEY WEST, FL 33040

City/State and Zip Code

SPARKLES723@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK SCHOONOVER at (305) 923-0517
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SPARKLES PROPERTY SERVICES LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

MARK SCHOONOVER

1500 ATLANTIC BLVD 313

KEY WEST, FL 33040

Mailing Address:

SPARKLES PROPERTY SERVICES LLC

1500 ATLANTIC BLVD 313

KEY WEST, FL 33040

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:

MARK SCHOONOVER

Name

1500 ATLANTIC BLVD 313

Florida street address (P.O. Box **NOT** acceptable)

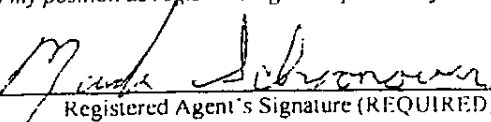
KEY WEST, FL 33040

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)

22 FEB - 1 PM 12:49
A. A. A.

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR and MGR

Name and Address:

Mark Schoonover

1500 Atlantic Blvd. #313
Key West, Florida 33040

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 1, 2022 (OPTIONAL)

(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 the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Mark Schoonover

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.

Mark Schoonover

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)