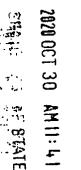
	(Requestor's Name)	
	(Address)	
· · · · · · · · · · · · · · · · · · ·	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Canada Instruction	4- Fili- Office	
Special Instructions	to Filing Officer.	

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COVER LETTER

	lew Filing Sect Division of Corp				
end iez	SP2 2020 L				
SUBJEC	l':	Name of	Limited Liabi	ity Company	
The enclo	sed Articles of C	Organization and fee(s)	are submitted	I for filing.	
Please reti	urn all correspor	ndence concerning this	matter to the	following:	
	Keith Long				
			Name o	Person	
	Long Law, P.	A.			
			Firm/C	ompany	
	1306 Se 46th	Ln., Suite 1			
			Add	ress	
	Cape Coral, I	FL 33904			
	keith@longlav	vtl.com	City/State a	nd Zip Code	
			sed for future	annual report notificati	on)
For further	information cor	scerning this matter, pl	ease call:		
	Keith Long	al	239	400-2060	
	Name	e of Person		Daytime Telephon	e Number
Enclosed	is a check for th	ne following amount:			
	00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address New Filing Section D	ivision
		iling Section on of Corporations		The Centre of Tallah	assec
	$P \cap P$	as 6327		2415 N. Monroe Stre	et. Suite 810

P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	C			
The name of the Limited Liabilit	y Company is:			
SP2 2020 LLC	ain the words "Limited L	iability Compa	iny, "L.L.C.," or "LLC.")	_
(Musi com	ani the words Tamited i	monny compa	my. This car of the y	
ARTICLE II - Address: The mailing address and street ad	Idress of the principal of	ffice of the Lim	ited Liability Company is:	
Princip	al Office Address:	•	Mailing Add	<u>Iress</u> :
3465 Bonita Beach F	toad		3465 Bonita Beach Road	
Unit 20			Unit 20	
Bonita Springs, FL 3	4134		Bonita Springs, FL 34134	_ _
The name and the Florida street	Ronald Longo	Name		
	3465 Bonita Beach B		NT or a smooth of	
	Florida street addres	s (P.O. Box <u>NC</u>	11 acceptable)	
	Bonita Springs	Fl.	34134 Zip	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the part am familiar with and accept the or	, I hereby accept the app rovisions of all statutes r bligations of my position	ointment as reg elating to the pr as registered as	istered agent and agree to a oper and complete perform	ct in this capacity. I moe of my duties, and I
		(CONTINU	ED)	2828 I

FILED
2828 OCT 30 AM II: 41
5141: 42 EFFATE

ARTICLE IV-

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

"AMBR" = Authorized	Name and Address:	
	Member	
"MGR" = Manager		
P	Ronald Longo 3465 Bonita Beach Road, Unit 20	-
	Bonita Springs, FL 34134	_
<u>P</u>	Dennis Martin	_
	1393 Grey Oak Pittsburg, PA 15220	~
		_
		_
		_
		_
		_ _
(Use attachment if neces	occupy)	
	s block does not meet the applicable statutory filing requirements, this date will no i the Department of State's records.	t oc nste
	if any.	
•		
	URE:	
REQUIRED SIGNAT	TURE:	
REQUIRED SIGNAT	TURE: KENTH LONG Signature of a member or an authorized representative of a member.	
REQUIRED SIGNAT S This do	Signature of a member or an authorized representative of a member. Secument is executed in accordance with section 605.0203 (1) (b). Florida Statutes.	
REQUIRED SIGNAT S This do I am aw	Signature of a member or an authorized representative of a member. Secument is executed in accordance with section 605.0203 (1) (b). Florida Statutes, ware that any false information submitted in a document to the Department of Statutes.	
REQUIRED SIGNAT S This do I am aw constitu	Signature of a member or an authorized representative of a member. Secument is executed in accordance with section 605.0203 (1) (b). Florida Statutes, ware that any false information submitted in a document to the Department of Statutes.	
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REQUIRED SIGNAT S This do I am aw constitu	Signature of a member or an authorized representative of a member. Secument is executed in accordance with section 605.0203 (1) (b). Florida Statutes, ware that any false information submitted in a document to the Department of Statutes a third degree felony as provided for in s.817.155, F.S. Keith Long Typed or printed name of signee	
REQUIRED SIGNAT S This do I am aw constitu	Signature of a member or an authorized representative of a member. Secument is executed in accordance with section 605.0203 (1) (b). Florida Statutes, ware that any false information submitted in a document to the Department of Statutes a third degree felony as provided for in s.817.155, F.S. Keith Long Typed or printed name of signee	
REQUIRED SIGNAT S This do I am aw constitu	Signature of a member or an authorized representative of a member. Social of the second of the secon	