



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000360685 3)))



H240003505853ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC. Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

FLORIDA LIMITED LIABILITY CO. Local Spark Digital Solutions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	0.3
Estimated Charge	\$155.00

Electronic Filing Menu — Corporate Filing Menu —

Help



H24000360685 3

## ARBCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Local Spark D	gital Solutions, Ll	.c	
(Mu:	st contain the words "Limited Lie			<del></del>
ARTICLE II - Address: The mailing address and si	treet address of the principal offi	ee of the Limited Liabilit	y Company is:	
<u>Pi</u>	rincipal Office Address:	ı	Mailing Addres	<u>(\$</u> ;
	1st Terrace	7110 NW 7	1st,Terrace	
. / <sup>/ /</sup> Parkland, Fl	L 33067	Parkland, F	L 3,3067	
			:13	
he name and the Florida	th an active Florida registration.) street address of the registered as <u>Daniel Haim</u>	ent are:	<u></u>	
The name and the Florida	street address of the registered as	ent are:	<u></u>	
The name and the Florida	street address of the registered as Daniel Haim	ent are:	e) '	
The name and the Florida	street address of the registered as Daniel Haim	lame errace 2.O. Box <u>NOT</u> acceptabl	e) ,	
The name and the Florida	Daniel Haim  7110 NW 71st Te  Florida street address (i	lame errace P.O. Box <u>NOT</u> acceptabl	e) /	
laving been named as regis lace designated in this certi wther agree to comply with	Daniel Haim  7110 NW 71st Telestred against address (in Parkland, FL 330)  City  Stered agent and to accept service officate. I hereby accept the appoint the provisions of all statutes relations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of the registered agent and the registered agent age	iame P.O. Box <u>NOT</u> acceptable 67 State  of process for the above state in a registered agent as provide registered agent as provide	Zip: , tated limited liabilit and agree to act in apiete performance ted för in Chapter 6	this capacity. I of my duties, and
laving been named as regis lace designated in this certi wther agree to comply with	Daniel Haim  7110 NW 71st Telestred against address (in Parkland, FL 330)  City  Stered agent and to accept service officate. I hereby accept the appoint the provisions of all statutes relations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of my position as a service of the obligations of the registered agent and the registered agent age	iame P.O. Box NOT acceptable 67 State of process for the above siment as registered agent ing to the proper and convegistered agent as provide	Zip: , tated limited liabilit and agree to act in apiete performance ted för in Chapter 6	this capacity. I of my duties, an

ZOZH OCT 29 PH 12: 46

SECRETAS Y STATE

 $(S, \partial_t^2 V)$ 

H24000360685 3

AMBR = Authorized Member  *MGR* = Manager  AMBR    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Spark Solutions, Inc. 7110 NW 71st Terrace : Parkland, FL 33067    Local Sparkland, Inc. 710 NW 71st Terrace : Parkland, FL 33067    Local Sparkland, Inc. 710 NW 71st Terrace : Parkland, FL 33067    Local Sparkland, Inc. 710 NW 71st Terrace : Parkland, FL 33067    Local Sparkland, Inc. 710 NW 71st Terrace : Parkland, FL 33067    Local Sparkland, Inc. 710 NW 71st Terrace : Parkland, FL 33067    Local Sparkland, Inc. 710 NW 71st Terrace : Parkland, FL 33	AMBR    Local Spark Solutions, Inc.	Title:		Name and Address:				
(Use attachment if necessary)  L.E.V.: Effective date, if other than the date of filing:    COPTIONAL	(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIONAL)  Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a of filing)  (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list unent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  /// Colleen Monaghan  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 departe felony as provided for in s.817.155. F.S.  Colleen Monaghan  Typed or printed name of signe:  Filing Fees:  \$ 30.00 Certified Copy (Optional)			,			•	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  Certifice date is listed, the date must be specific and cannot be more than five business days prior to or 90 days: of filing)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list unent's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  /// Colleen Monaghan  Signature of a member or an authorized representative of a member.  This document is executed in accordance with section 605.0205 (1) (b). Florida Statutes. Lam 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.  Colleen Monaghan  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional)  S. 5.00 Certificate of Status (Optional)	(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  College date, if other than the date of filing:  (OPTIONAL)  (		Manager	Land Carely Calvations			_	
(Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  OPTIONAL)  Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days so of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list unent's effective date on the Department of State's records.  LEVI: Other provisions, if any.  REQUIRED SIGNATURE:  //s/ Colleen Monaghan  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.  Lam 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.  Colleen Monaghan  Typed or printed name of signee  Filing Fees:  \$ 30.00 Certified Copy (Optional)  S. 5.00 Certificate of Status (Optional)	(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:    COPTIONAL    Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list unnent's effective date on the Department of State's records.    EVI: Other provisions, if any.   1	AIVIDI		7110 NW 71st Terrac			,	
ILE V: Effective date, if other than the date of filing:    COPTIONAL	LE V: Effective date, if other than the date of filing:  Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ument's effective date on the Department of State's records.  LE VI: Other provisions, if any.  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.  Colleen Monaghan  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)  S. \$.00 Certificate of Status (Optional)	1			ī		•	,
LE V: Effective date is fisted, the date must be specific and cannot be more than five business days prior to or 90 days: of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ument's effective date on the Department of State's records.  LE VI: Other provisions, if any.    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.    Colleen Monaghan	LE V: Effective date, if other than the date of filing:  Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ument's effective date on the Department of State's records.  LE VI: Other provisions, if any.  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.  Colleen Monaghan  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)  S. \$.00 Certificate of Status (Optional)				i.		•	
ILE V: Effective date, if other than the date of filing:    COPTIONAL	LE V: Effective date, if other than the date of filing:  Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ument's effective date on the Department of State's records.  LE VI: Other provisions, if any.  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.  Colleen Monaghan  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)  S. \$.00 Certificate of Status (Optional)				<del> </del>	<del></del>	· · · · - · ·	
ILE V: Effective date, if other than the date of filing:    German	LE V: Effective date, if other than the date of filing:  Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ument's effective date on the Department of State's records.  LE VI: Other provisions, if any.  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.  Colleen Monaghan  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)  S. \$.00 Certificate of Status (Optional)	Higo atlani	nmont if recovery		1			
REQUIRED SIGNATURE:  /s/ Colleen Monaghan  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.  Colleen Monaghan  Typed or printed name of signce  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)  S 5.00 Certificate of Status (Optional)	This document is executed in authorized representative of a member.  This document is executed in 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.  Colleen Monaghan  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)  S 5.00 Certificate of Status (Optional)	(Osc attaci	unent ii trecessary)	<del>-,</del>				
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.  Colleen Monaghan  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) \$5.5.00 Certificate of Status (Optional)	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.  Colleen Monaghan  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)  \$5.5.00 Certificate of Status (Optional)	of filing.) If the date in ument's effe	is listed, the date must be spe- serted in this block does not n	ecific and cannot be more than		ess days prior	to or 90	•
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.  Colleen Monaghan  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) \$5.5.00 Certificate of Status (Optional)	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.  Colleen Monaghan  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) \$5.5.00 Certificate of Status (Optional)	of filing.) If the date in ument's effe	is listed, the date must be spe- serted in this block does not n ective date on the Department of	ecific and cannot be more than	ng fequirer	ess days prior	to or 90	•
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.  Colleen Monaghan  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)	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.  Colleen Monaghan  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)	of filing.) If the date in ument's effe	is listed, the date must be spe- serted in this block does not n ective date on the Department of	ecific and cannot be more than	ng fequirer	ess days prior	to or 90	•
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.  Colleen Monaghan  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)	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.  Colleen Monaghan  Typed or printed name of signee   Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  S 30.00 Certified Copy (Optional)	of filing.) If the date in ument's effe	is listed, the date must be spenserted in this block does not nective date on the Department or provisions, if any.	ecific and cannot be more than	ng fequirer	ess days prior	to or 90	•
Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	of filing.) If the date in ument's effe	is listed, the date must be spenserted in this block does not notive date on the Department or provisions, if any.	ecific and cannot be more than acet the applicable statutory fili of State's records.	ng fequirer	ess days prior	to or 90	•
Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	of filing.) If the date in ument's effe	is listed, the date must be species and in this block does not in active date on the Department of provisions, if any.  ED SIGNATURE:  /s/ Colleen Monag  Signature of a me This document is execut Lam aware that any false	ghan  mber or an authorized represent in accordance with section 6  information submitted in a doc	ng requires	ess days prior nents, this date a member. ) (b). Florida 8	to or 90 e will not	•
S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	of filing.) If the date in ument's effe	seried in this block does not use the date on the Department of provisions, if any.  ED SIGNATURE:  /s/ Colleen Monag  Signature of a me This document is execut I am aware that any false constitutes a third degree	ghart  miler or an authorized represent in accordance with section 6  information submitted in a doc efflony as provided for in s.817	entative of 05.0203 (1 timent to il 1.155, F.S.	ess days prior nents, this date a member. ) (b). Florida 8	to or 90 e will not	•
S 30.00 Certified Copy (Optional)  S 5.00 Certificate of Status (Optional)	S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)	of filing.) If the date in ument's effe	seried in this block does not use the date on the Department of provisions, if any.  ED SIGNATURE:  /s/ Colleen Monag  Signature of a me This document is execut I am aware that any false constitutes a third degree	ghart  miler or an authorized represent in accordance with section 6  information submitted in a doc efflony as provided for in s.817	entative of 05.0203 (1 timent to il 1.155, F.S.	ess days prior nents, this date a member. ) (b). Florida 8	to or 90 will not statutes, of State	be liste
SE S FL	PMID:	of filing.) If the date in ument's effe LE VI: Othe	seried in this block does not a rective date on the Department or provisions, if any.  ED SIGNATURE:  /s/ Colleen Monag  Signature of a me This document is execut I am aware that any false constitutes a third degree  Colleen Monagha	ghan  ghan  ghan  mber or an authorized represed in accordance with section 6 information submitted in a docerelony as provided for in s.817  Typed or printed name of sign	entative of 05.0203 (1 tument to il .155, F.S.	a member. ) (b). Florida S ie Department	to or 90 will not statutes, of State	be liste
		sof filing.) If the date in ument's effect, it. LE VI: Other states are selected as a	seried in this block does not notive date on the Department of provisions, if any.  ED SIGNATURE:  /s/ Colleen Monag  Signature of a me This document is execut I am aware that any false constitutes a third degree  Colleen Monagha  Filing Fee for Articles of Org Certified Copy (Optional)	ghan  ghan  ghan  mber or an authorized represented in accordance with section 6 information submitted in a docerelony as provided for in s.817  Typed or printed name of sign  Filing Fres: ganization and Designation of	entative of 05.0203 (1 tument to il .155, F.S.	a member. ) (b). Florida S ie Department	to or 90 will not statutes, of State	be liste