To:

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.

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Electronic Filing Menu

Corporate Filing Menu

Help 11/22/24

From: Yanet Avila

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ity Company is:		•	
SPARTECH LLC	·			
	tain the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	iddress of the principal t	office of the Lir	nited Liability Company is:	
Princip	oal Office Address:		Mailing Address:	
1829 SILVER STAI ORLANDO, FL 32		<del>_</del>	7342 NW 35th ST MIAMI, FL 33122	
(The Limited Liability Company another business entity with an The name and the Florida street	active Florida registratio	on.) d agent are:	ent. You must designate an individua	lor
	1829 SILVER STAR	! RED		
	Florida street address (P.O. Box NOT acceptable)			
	ORLANDO	FL	32804	
	City	State	Zip	
place designated in this certificate further agree to comply with the pi	I hereby accept the approvisions of all statutes rolligations of my position	ointment as reg elating to the pi as registered a Marco E. G		apacity, I duties, and I
	Regist	(CONTINU	ignature (REQUIRED) ED)	

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To:

ARTICLE IV-				
The name and address of each person author	ized to manag	ge and control the	Limited Liability	Company:
Pent A				

Title:	Name and Add	dress:	
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	ALVOLAT CHIMITATES	CONVALGE OF ATRICOL	
WAIDK	1820 SILVER STAR	GONZALEZ GRATEROL RD 04	
	ORLANDO, FL. 328	304	
	<u> </u>		
(Use attachment if necessary)			
(Ose attachment in necessary)			
ARTICLE V: Effective date, if other than the date	of filing:	(OPTIONAL)	
(If an effective date is listed, the date must be spe	of fining.	a the a Gue husiness days main to an 00 days	
	cenic and cannot be mor	e than five business days prior to or 70 days	Sauçr
the date of filing.)		Ett	
Note: If the date inserted in this block does not n		ry ming requirements, this date will not be t	isted as
the document's effective date on the Department	of State's records.		
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ARTICLE VI: Other provisions, if any.			
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<u>REOUIRED</u> SIGNATURE:			
	Marco E. Gonzale	17.	
		<del></del>	
Signature of a ma	mber ar an authorized r	representative of a member	

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.

Marco E. Gonzalez
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)