

LO50000067407  
FILED

2005 JUL -5 P 1:18

SECRETARY OF STATE  
FLORIDA  
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

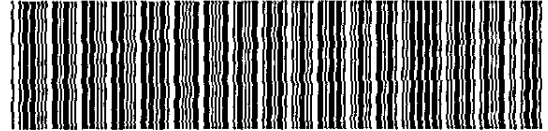
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

AL

Office Use Only



400056991414

07/05/05--01058--005 \*\*125.00

## TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

2005 JUL -5 P 1:18

SUBJECT:

Byrd Spirit, LLC  
(Name of Limited Liability Company)SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Suzanne Byrd  
(Name of Person)Natural Awakenings  
(Firm/Company)6409 Emerald Pines  
(Address)FT. Myers, FL 33912  
(City/State and Zip Code)

For further information concerning this matter, please call:

Suzanne Byrd  
(Name of Person)at (239) 561-6419  
(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)STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED

2005 JUL -5 P 1:18

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TALLAHASSEE, FLORIDA

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Byrd Spirit, LLC

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:6409 Emerald Pines Circle  
FT. MYERS, FL 339126409 Emerald Pines Circle  
FT. MYERS, FL 33912

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Suzanne Byrd

Name

6409 Emerald Pines CircleFlorida street address (P.O. Box NOT acceptable)FT. MYERS FL 33912

City, State, and 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 608, F.S..

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

Mgr.

**Name and Address:**

Suzanne Byrd  
6409 Emerald Pine Ave  
FT. Myers FL 33912

FILE

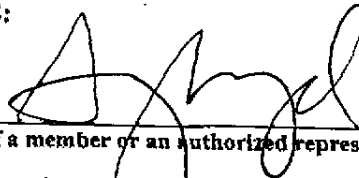
2005 JUL -5 P

SECRETARY OF S  
TALLAHASSEE, FL

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Suzanne Byrd

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)