

L05000069224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

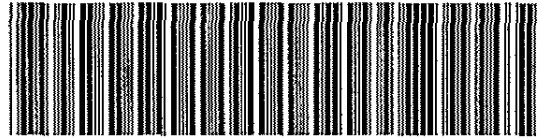
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100056966451

07/11/05--01027--025 **125.00

FILED
2005 JUL 11 PM 1:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 14 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spiritual Insights 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:

Dr. Dean Portinga
(Name of Person)

Spiritual Insights LLC
(Firm/Company)

700 LaPeninsula Blvd. Suite 202
(Address)

Naples, Florida, 34113
(City/State and Zip Code)

FILED
2005 JUL 11 PM 1:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Dr. Dean Portinga at (239) 389-2777
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Spiritual Insights LLC

ARTICLE II - Address:

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

Principal Office Address:

700 LaPeninsula Blvd. Suite 202
Naples, FL 34113

Mailing Address:

Same

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

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

Dr. Dean R. Portinga

Name

700 LaPeninsula Blvd. # 202

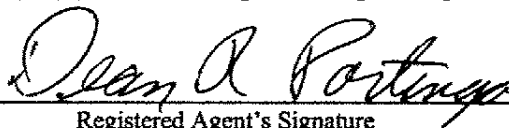
Florida street address (P.O. Box **NOT** acceptable)

Naples, FL 34113

FL

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)

FILED
2005 JUL 11 PM 1:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Name and Address:

MGR

Dr. Dean R. Portinga

700 LaPeninsula Blvd. #202

Naples, FL 34113

MGR

Dr. Bobbie R. Stevens

700 LaPeninsula Blvd. #202

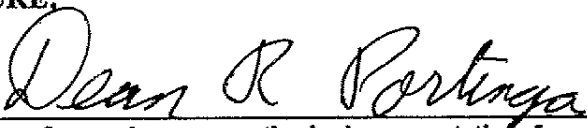
Naples, FL 34113

FILED
JUL 11 11 PM 1:15
2005
CLERK OF COURTS
HALLANDALE BEACH, FLORIDA

(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.)

Dean R. Portinga

Typed or printed name of signer

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)