10000038050

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cil	ty/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies :	_ Certificates	of Status			
Special Instructions to Filing Officer:					
14/12.	FT	CC			
<u> </u>					

Office Use Only



400070045554

114:12/06--01005--021 **125.00

OF AND 12 PHILE: 55

M. HODGE

COVER LETTER

TO: Registration So Division of Co					
SUBJECT: Spiritu	valk, LLC (Name of Limite	d Liability Comp	any)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filin	g.		
Please return all correspondence concerning this matter to the following:					
Kathy A. I			·		
	O	Name of Person)			
Spiritwalk, LLC dba Rotundo Studios					
(Firm/Company)					
2526 Logsdon St.					
(Address)					
North Port, FL 34287					
(City/State and Zip Code)					
For further information	concerning this matter, please	call:			
Kathy Rotundo		at (941	, 286-07 ⁻	13	
(Name	e of Person)	at (941) 286-0713 (Area Code & Daytime Telephone Number)			
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 F Certified Cop (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exe	ourier Addres ion Section of Corporation Building ecutive Center	ns Circle	

Articles of Organization of Spiritwalk Limited Liability Company

The undersigned person, acting as Organizer for the purpose of forming a business limited liability company under the laws of the State of Florida, adopts the following Articles of Organization:

- Article 1. The name of the limited liability company is Spiritwalk Limited Liability Company.
- Article 2. The principal place of business of the company is 2526 Logsdon St., North Port, FL 34287.
- Article 3. The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the laws of the State of Florida, and to have all powers that are afforded limited liability companies under the laws of the State of Florida.
- Article 4. The duration of this limited liability company shall be perpetual.
- Article 5. The number of members of this limited liability company is one (1).
- Article 6. The name and address of the initial member of this limited liability company is as follows:

Name
Kathy A. Rotundo

Address
2526 Logsdon St., North Port, FL 34287

- Article 7. The initial registered agent of this limited liability company is Kathy A. Rotundo. By her signature at the end of this document, this person acknowledges acceptance of the responsibilities as registered agent of this limited liability company.
- Article 8. The initial address of the office of the registered agent of this limited liability company is 2526 Logsdon St., City of North Port, in the County of Sarasota, State of Florida.
- Article 9. The company will be managed by the following member only:

Name

Kathy A. Rotundo

Address
2526 Logsdon St., North Port, FL 34287

Article 10. The company reserves the right to admit new members at any time.

Articles of Organization

1

Article 11. The company reserves the right to continue without dissolution, under the terms as set forth in the company Operating Agreement, upon any act that might otherwise cause the dissolution of the company or the dissociation of a member under the laws of the State of Florida. Article 12. The Federal Employer Identification Number of the company is 43-2102402. I certify that all of the facts stated in these Articles of Organization are true and correct and are made for the purpose of forming a business limited liability company under the laws of the State of Florida. Dated: 4-05 .2000 Signature of Organizer Printed Name of Organizer Signature of Organizer Printed Name of Organizer Printed Name of Organizer Signature of Organizer I acknowledge my appointment as registered agent of this limited liability company and accept the appointment. Dated: 4-05, 20 00 Signature of Registered Agent Printed Name of Registered Agent State of Florida

County of Sacasota Before me, on 4/5, 2006, personally appeared 1/6+hy, named as the organizers, who are known to me to be the person who subscribed his or her names to this document, and acknowledged that he or she did so for the purposes stated. HEATHER KELLEY MY COMMISSION # DD 114930 Notary Public, In and for the County of <u>Salasota</u> EXPIRES: May 5, 2006 Bonded Thru Notary Public Underwrite State of Florida

My commission expires: 5/5/do Notary Seal

2

Articles of Organization