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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Spirit International, 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:
Denis Numfor
(Name of Person)
Spirit International, LLC.
(Firm/Company)
7401 Pines Blvd, No. 207
(Address)
Pembroke Pines, FL 33024
(City/State and Zip Code)  RAT 20
For further information concerning this matter, please call:
Denis Numfor 786 267-0060
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company	is:
Spirit International, LLC.	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "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:
Denis Numfor	Denis Numfor
7401 Pines Blvd. No. 207	7401 Pines Blvd. No. 207
Pembroke Pines, FL 33024	Pembroke Pines, FL 33024
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are: $\int_{-\infty}^{\infty} 0$
Denis Numfor	4H; 10
Name	
7401 Pines Blvd. No. 207  Florida street address (P.O. Box NOT acceptable)  Pembroke Pines El. 33024	
Florida street address (P.O. Box NOT acceptable)	
Pembroke Pines, F	NO. 207 address (P.O. Box NOT acceptable)  PART NOT STATE OF THE P
	te, and Zip
	to accept service of process for the above stated limited

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 (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Denis Numfor
·	7401 Pines Blvd. No. 207
	Pembroke Pines, FL 33024
MGRM	Gary Petit-Homme
	6438 NE 1st Place
	Miami, FL 33138
MGRM	Lester Smith
	11600 NE 12th Ave
	N. Miami, FL 33161
(Use attachment if necessary)	
(obe attachment it necessary)	
TCLE V: Effective date, if other than n effective date is listed, the date mu 90 days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prio
<b>-</b>	
<b>REQUIRED SIGNATURE:</b>	
/	/ /
7 70	WITTE
Signature of a me	entber or an authorized representative of a member.
of this document of	ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
DE	ENIS NUMFOR & ? ?
	Typed or printed name of signee
Filing Fees:	PHI:
\$125.00 Filing Fee for Articles of 0 of Registered Agent	AN
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Opti	