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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

. TO: Registration Section Division of Corpora			
SUBJECT:	S & S S S S P I R I T (Name of Limited Liability Company)		
The enclosed Articles of Orga	anization and fee(s) are submitted for filing.		
Please return all corresponder	nce concerning this matter to the following:		
Landra Seim			
(Name of Person)			
SIS SPIRIT LLC (Firm/Company)			
(Firm/Company)			
5202 Lake Howell Rd. (Address)			
(Address)			
WINTER PARK, FL 32792			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Landra Seim , 407 , 405-6329			
(Name of Per	rson) at (407) 405-6329 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the	following amount:		
\$125.00 Filing Fee \$1 Co	130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, ertificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Sf8 SPIRIT LLC	
(Must end with the words "Limited Liability Company, "L.L	.C.," or "LLC.")
ARTICLE II - Address:	•
	CALLET SALE TO SERVE COMMENTS SALE
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address: Mailing Ad	dress:
5202 Lake Howell Rd. Sau WINTER PARK, FL 32792	م.
WINTER PARK, FL 32792	
ADDICE DATE DE LA LA DELLA DOCTOR DE	
ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registered Agent. You must business entity with an active Florida registration.)	gistered Agent's Signature: ust designate an individual or another
The name and the Florida street address of the registered agen	t are:
Landra Seim	PR
Name	2, SA

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..

5202 Lake Howell Rd.

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

Oritle Park 1 FL 32792

City, State, and Zip

Registered Agent's Signature (REQUIRED)