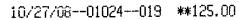
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(Requestor's Name)
(Address)
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M. THOMAS

OCT 28 2008

**EXAMINER** 

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Spirit of the Condor, 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:
Syson 5 Hathoway  (Name of Person)  Dong Accipancture  (Firm/Company)
1900 Parn BAYR d NC #B
PALM BAY 17 32905  (City/State and Zin Code)
For further information concerning this matter, please call:  Susan J. Hathaway at (321) 7-43 - 3012  (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee,  Certificate of Status \$\bigcup Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Mailing Address  Street/Courier Address
Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Registration Section  Division of Corporations  Clifton Building  2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AKTICLE 1 - Name:	
The name of the Limited Liability Company is	s:
Spirit of the (	ondor, LLC
(Must end with the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
PALM BAY, 17 32907	PALM BAY, 17 32907
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	gistered Agent. You must designate an individual or another
The name and the Florida street address of the	e registered agent are:
Susan	e registered agent are:  T. Hathaway  P. Hat
	PNAGE S+ NW STAIR Warderess (P.O. Box NOT acceptable)
PALM BA City, State	74 FL 32907 e, 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' Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
Marm	Sheda Mitchell mo
	14201 NE 20th AVE # 1102
	Vancouver, WA 98696
MLRM	The se An il Man 11
// W 10//	JAMES ARQUALO MOREJILAO Santa Cutalina Ancha 366-B
	Cusia Peru
(	ES R
mGRM	Susan J. Hatheway Philo
	PMM BAY 17 32907
0 0	The Bebok
mbrm	O & BORAL A. Lee, Trustee Son IRA
,	PO Box 259 3
	Scatis mook, 121 32735
(Use attachment if necessary)	
	10/2012
LEV: Effective date, if other tha	
nective date is listed, the date may days after the date of filing.)	ust be specific and cannot be more than five business days prior
, days are the date of ining.)	
REQUIRED SIGNATURE:	

Signature of a member of an authorized representative

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

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)