

L14 0000 38948

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W14-13703

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B. BOSTICK  
MAR - 7 2014  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spartan Strategies 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:

Kurt Lunkwitz

Name of Person

Spartan Strategies LLC.

Firm/Company

3000 N. Ocean Dr. 24 D

Address

Singer Island, FL. 33404

City/State and Zip Code

KVLunkwitz@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kurt Lunkwitz

Name of Person

at

(561)

Area Code

596-6890

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

~~Spartan Strategic~~ SPARTAN STRATEGICS LLC.  
(Must end with the words "Limited Liability 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:

3000 N. Ocean Dr. 24D  
Singer Island, FL 33404

Mailing Address:

3000 N. Ocean Dr. 24D  
Singer Island, FL 33404

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Kurt Linkwitz  
Name

3000 N. Ocean Dr. 24D.  
Florida street address (P.O. Box NOT acceptable)

Singer Island FL 33404  
City 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

Kurt Linkwitz  
Chapter 605, F.S.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Kurt LunKwitz  
3000 N. Ocean Dr. 24 D  
Singer Island, FL 33404

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Kurt LunKwitz

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kurt LunKwitz

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)**

2014 JUN 6 P 3 12

2014 JUN 6

**Kurt Lunkwitz**

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ATTN: Barbara

REGARDING: Spartan Strategics

FROM: Kurt Lunkwitz

3-7-2014

Please file the company name for LLC. You do have my consent to do so **knowing** that there are other similar company names existing.

*Kurt Lunkwitz* 3-7-14

2014 MAR -6 P 3:12  
NATIONWIDE SYNERGY, INC  
3-7-14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 3, 2014

KURT LUNKWITZ  
3000 N. OCEAN DRIVE 24D  
SINGER ISLAND, FL 33404

SUBJECT: SPARTAN STRATEGICS LLC  
Ref. Number: W14000013703

We have received your document for SPARTAN STRATEGICS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : SPARTAN STRATEGIES, LLC, document number L09000061720.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 614A00004640

2014 MAR 6 P 3:12  
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