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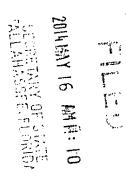
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TO:

TO: Registration Section Division of Corporations		
SUBJECT: Spiritual Solutions, LLC Name of Lin	mited Liability Company	
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this ma	latter to the following:	
Alan A. Rowbotham	Name of Person	
	Name of Letson	
Spiritual Solutions, LLC		
	Firm/Company	
4909 Milano Ct. NE	7.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	201
	Address Sign	THE YEAR
St. Petersburg, Florida 33703	(A.S.)	<u>_</u> 5
arowhoth@tampahay rr.com	City/State and Zip Code	
E-mail address: (to be used For further information concerning this matter, plea	ase call:	: 10
Ala A. Rowbotham at (7) Name of Person	727) 827-2585 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
☐ \$125.00 Filing Fee	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is en	ıs &
Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	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:	
Spiritual Solutions, LLC (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
(what the words Emile	d Elability Company, Elect., or Elec.
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4909 Milano Ct. NE	4909 Milano Ct. NE
St. Petersburg, FL 33703	St. Petersburg, FL 33703
The name and the Florida street address of the registere Alan A. Rowbotham Nam	
4909 Milano Ct. NE	
Florida street address (P.O. Bo	ox NOT acceptable)
St. Petersburg	FL 33703
City	Zip
the place designated in this certificate, I hereby acce capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the o	service of process for the above stated limited liability company at ept the appointment as registered agent and agree to act in this s of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in a later 605, F.S
Registered Agent's Sign	nature (REOUIRED)

(CONTINUED)

Page 1 of 2

2014 KSY 16 AH頂: 10

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR — Manager	Alan A. Rowbotham
	4909 Milano Ct. NE
	St. Petersburg, FL 33703
_	
	
(Use attachment if necessary)	
E V: Effective date, if other than the date ective date is listed, the date must be spen of filing.) E VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
ective date is listed, the date must be specifiling.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90
ective date is listed, the date must be specifiling.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a met (In accordance with section 60: constitutes an affirmation unde I am aware that any false infort	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
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