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COVER LETTER

	egistration Section
וט	ivision of Corporations
SUBJECT	Transcendent-Soulstice, L.L.C.
	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Deborah G. Plant
	Name of Person
	Firm/Company
	15413 Morning Drive
	Address
	Lutz, FL 33559
	City/State and Zip Code plant@usf.edu
~	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
	Deborah G. Plant 813 978-3789at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 Fi	ling Fee \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Malling Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	G.	٠		FILE	ΞD
The name of the Limited Liability	Company is:			15 DEC 23	PH 3-51
Transcendent-Soul	stice, L.L.C.			LOSETARY	JE STATE
(Must end v	with the words "Limited	d Liability Cor	npany, "L.L.C.," or "LLC.")	GallAHASIE;	i, FLORIDA
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Li	mited Liability Company is:		
Principa	l Office Address:		Mailing Ade	<u>iress</u> :	
15413 Morning Driv Lutz, FL 33559	/e		15413 Morning Drive Lutz, FL 33559		
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an action of the name and the Florida street a	cannot serve as its own etive Florida registration ddress of the registere	n Registered A on.)		ndividual or	
	Deborah G. Plant	Name			
·					
	15413 Morning Dr Florida street addres		OT aggentable)		
	Piortaa sireet addres	35 (F.O. DOX <u>D</u>	<u>-</u>		
	Lutz	FL_	33559		
	City	State	Zip		
daving been named as registered a place designated in this certificate, i urther agree to comply with the pro um familiar with and accept the obl	hereby accept the apportise of all statutes religations of my position	pointment as received in the parties of the parties	gistered agent and agree to ac roper and complete performa	ct in this capacity. I nce of my duties, an	,
		(CONTINU	JED)		

Page 1 of 2

ichment if necessary) Cective date, if other than the date of filing: te is listed, the date must be specific and can	not be more than five business days prior to or 90 able statutory filing requirements, this date will not
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RED SIGNATURE:	im .
This document is executed in accordar	uthorized representative of a member. nee with section 605.0203 (1) (b), Florida Statutes. ubmitted in a document to the Department of State vided for in s.817.155, F.S.
Deborah G. Plant	
Typed or pr	
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Filing Filing Fee for Articles of Organization and Certified Copy (Optional)	Fees: d Designation of Registered Agent