

12/12/23, 10:43 AM

Division of Corporations

**L23000547187**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : HENDEE MCKERNAN SCHROEDER WILKERSON & HENDEE PA  
Account Number : I19980000066  
Phone : (813)258-1177  
Fax Number : (813)259-1106

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: lbeattie@hendeelaw.com

**FLORIDA LIMITED LIABILITY CO.**

**Spirit Services LLC**

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|-----------------------|----------|
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**ARTICLES OF ORGANIZATION OF  
SPIRIT SERVICES LLC**

ARTICLE I-Name

The name of the limited liability company shall be Spirit Services LLC.

ARTICLE II-Address

The street address and the mailing address of the principal office of the limited liability company is:

|                           |                           |
|---------------------------|---------------------------|
| <u>Street address:</u>    | <u>Mailing Address:</u>   |
| 1700 South MacDill Avenue | 1700 South MacDill Avenue |
| Suite 220                 | Suite 220                 |
| Tampa, Florida 33629      | Tampa, Florida 33629      |

ARTICLE III-Registered Agent

The name and the Florida street address for the registered agent of the limited liability company is:

Hendee, McKernan, Schroeder, Wilkerson & Hendee, P.A.  
1700 South MacDill Avenue, Suite 200  
Tampa, Florida 33629

ARTICLE IV-Management

The name and address of each person authorized to manage and control the limited liability company is:

Stewart Bertron  
1700 South MacDill Avenue, Suite 220  
Tampa, Florida 33629

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 12<sup>th</sup> day of December, 2023.

By: \_\_\_\_\_

Signature of Member or authorized representative of a member

In accordance with Section 605.0205(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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**REGISTERED AGENT****ACCEPTANCE OF DESIGNATION**

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of the duties, and the undersigned is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, Florida Statutes.

**REGISTERED AGENT:**

Hendee, McKernan, Schroeder, Wilkerson &  
Hendee, P.A.

By: 

Name: Lisa Wilkerson

Title: Vice President

1700 South MacDill Avenue  
Suite 200  
Tampa, Florida 33629

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