## L01000018244

LAURIE HURWITZ 1937 HOFFNER AVE ORLANDO FL 32809 PH-(407) 850-0621 E-Mail- Ltarah@aol.com

01 OCT 22 PM 5: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800004648818--7 -10/22/01--01081--014 \*\*\*\*160.00 \*\*\*\*160.00

L01-18294

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is:  WILLOWS GATE LLC  |                         |           |          |
|--|-------------------------|-----------|----------|
|  |                         |           |          |
| ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability ( 1937 HOFFNER AVE  ORLANDO, FL 32809  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat   | Company<br>ure:         | is:       |          |
| The name and the Florida street address of the registered agent are:   |                         |           |          |
| LAURIE HURWITZ   |                         |           |          |
| 1937 HOFFNER AVE Florida street address (P.O. Box NOT acceptable)  |                         |           |          |
| ORLANDO FL 32809<br>City, State, and Zip   |                         |           |          |
| Having been named as registered agent and to accept service of process for the above stationary the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 608, | ent as<br>visions o     | £all      |          |
| Registered Agent's Signature   |                         |           |          |
| Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managed therefore, a manager - managed company.  | ers and is              | 5,        |          |
| (An additional article must be added if an effective date is requested)  Signature of a member or an authorized representative of a member.  | SECRETAR)<br>TALLAHASSI | 01 OCT 22 | <u> </u> |
| (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  LAURIE HURWITZ   | OF STATE<br>EE, FLORIDA | PM Si UY  | ED       |
| Typed or printed name of signee  |                         |           |          |

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)