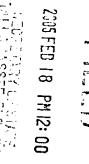


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
2001
Office Use Only



THE CONTRACTOR OF THE PROPERTY



TRANSMITTAL LETTER

TO: Registration Se Division of Co				
SUBJECT: Winter G				
	(Name of Limite	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Irene M.				
	(I	Name of Person)		
Winter Garden Real	tv. LLC			
		Firm/Company)		
2139 Winter	rmere Pointe Drive			
		(Address)		
Winte	er Garden, FL 34787			
		State and Zip Code)		
For further information	concerning this matter, please	call:	2005 FEB 18	
irene M. Lynn		at (_407) 877-7036	EAS	S. S
(Name	of Person)	(Area Code & Daytime To	elephone Numberlin	57
Enclosed is a check for	or the following amount:		\$160.00 Filing Fee,	-
□ \$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)	
STRE	ET ADDRESS:	MAILING A	DDRESS:	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	nany is:		
The name of the Elimed Elability Cont	pany is.		
Winter Garden Realty, LLC			
ARTICLE II - Address:			
	of the principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
2139 Wintermere Pointe Drive	2139 Wintermere Pointe Drive		
Winter Garden, FL 34787	Winter Garden, FL 34787		
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's Signature:		
The name and the Florida street address	of the registered agent are:		
Irene M. Lynn			
	Name		
2139 Wintermere Poi	nte Drive		
Florida	street address (P.O. Box NOT acceptable)		
Winter Garden, Florid	a 34787 FL		
Cit	y, State, and Zip		
liability company at the place design	t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as		
	capacity. I further agree to comply with the provisions of all uplete performance of my duties, and I am fainfiliar with and		
	as registered agent as provided for in Chapter, 60%, F.S		
\sim	HER EB II		
Registere	d Agent's Signature		
rvg/stere	d Agent's Signature		

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	Name and Address: ager anaging Member
MGR	Irene M. Lynn
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2139 Wintermere Pointe Drive
	Winter Garden, FL 34787
(Use attachmen	t if necessary)
NOTE: An ad	ditional article must be added if an effective date is requested.
REQUIRED S	IGNATURE:
	L. W. L.
	Signature of a member or an authorized representative of a member.
	(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.)
	irene M. Lynn
	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)