

L15000024848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

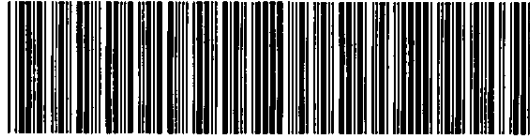
(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
ALL AGENCIES & COUNTY CLERKS

*New LLC
02-10-15
DC*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2015

JOE ELLEN ZIPPIN
2135 WINDWARD WAY INVESTMENTS, LLC
P. O. BOX 212144
ROYAL PALM BEACH, FL 33421

SUBJECT: 2135 WINDWARD WAY INVESTMENTS, LLC
Ref. Number: W15000004034

We have received your document and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 415A00001147

**GONZALEZ &
SHENKMAN, P.L.**
ATTORNEYS AT LAW

12012 South Shore Blvd., Ste. 107
Wellington, FL 33414
www.gslawfirm.com

Francisco J. Gonzalez
Benjamin P. Shenkman

Tel. 561-227-1575
Fax 561-227-1574

January 29, 2015

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: 2140 Spyglass Lane Investments, LLC; Ref. #: W15000004026
2800 N. Ocean Drive Investments, LLC; Ref. #: W15000004001
2135 Windward Way Investments, LLC; Ref. #: W15000004034

Dear Sir/Madam:

In reference to your correspondence dated January 20, 2015 (copies of which are enclosed), requesting the correction of the principal office addresses for the above limited liability companies, I enclose the corrected Articles of Organization for each.

Let me know if you have any further questions.

Very truly yours,


Benjamin P. Shenkman

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 2135 WINDWARD WAY INVESTMENTS, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jo Ellen Zippin
Name of Person

2135 WINDWARD WAY INVESTMENTS, LLC
Firm/Company

P.O. Box 212144
Address

Royal Palm Beach, FL 33421
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin P. Shenkman, Esq. at (561) 227-1575
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
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:

2135 WINDWARD WAY INVESTMENTS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

10288 Wellington Parc Drive
Wellington, FL 33449

P.O. Box 212144
Royal Palm Beach, FL 33421

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Benjamin P. Shenkman, Esq.

Name

12012 South Shore Blvd., Ste. 107

Florida street address (P.O. Box **NOT** acceptable)

Wellington FL 33414

City

Zip

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, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

JO ELLEN ZIPPIN

P.O. Box 212144

Royal Palm Beach, FL 33421

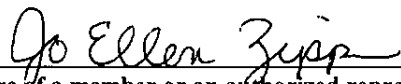
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JO ELLEN ZIPPIN

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)