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ACCOUNT NO. : 072100000032

REFERENCE : 876896 81253A

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 155.00

ORDER DATE : December 31, 2002

ORDER TIME : 2:55 PM

ORDER NO. : 876896-005

CUSTOMER NO: 81253A

CUSTOMER: Theodore R. Nelson, Esq
Nelson & Feldman

1111 Kane Concourse
Suite 200
Bay Harbor Isl, FL 33154

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DOMESTIC FILING

NAME: FOUR WINDS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is
FOUR WINDS, LLC

ARTICLE II - ADDRESS:

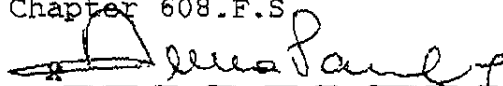
The street address of the principal office and mailing address of
the Limited Liability Company is:
1861 N. Federal Highway - #155
Hollywood, FL 33020-2827

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT'S SIGNATURE:

The name and the Florida street address of the Registered Agent
are:

Anna Passalacqua
1861 N. Federal Highway - #155
Hollywood, Florida 33020-2827

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 608.F.S.




Anna Passalacqua, Registered Agent

ARTICLE IV - MANAGEMENT (check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager
or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is
requested.)

x 

Fabrizio Passalacqua (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.)

Fabrizio Passalacqua, Member
(Typed or printed name of signer.)

This limited liability company is not commencing doing business in any fashion
until January 1, 2003.

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02 DEC 31 2002

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MANAGING MANAGER OF FOUR WINDS, LLC:

Anna Passalacqua
Managing Manager

1861 N. Federal Highway - #155
Hollywood, FL 33020-2827

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1) The name of the limited liability company is: FOUR WINDS, LLC

2) The name and address of the Registered Agent and office is: ANNA PASSALACQUA

(Name:)

1861 N. Federal Highway - #155

(P. O. Box not acceptable)

Hollywood, FL 33020

(City/State/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.



ANNA PASSALACQUA

(Signature)

12-31-02

(Date)

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2003