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(Re	equestor's Name)	***************************************
(Ac	idress)	<u> </u>
(Ac	idress)	
(Ci	ty/State/Zip/Phone #	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	· · · · · · · · · · · · · · · · · · ·
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	VIa.
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### TRANSMITTAL LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: Windflow Property 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:

David L. Bourns
(Name of Person)

Windflow Property LLC
(Firm/Company)

1400 NE 57th St. Apt. 104
(Address)

fort Lauderdale, FL 33334 (City/State and Zip Code)

For further information concerning this matter, please call:

Taylor Boutwell at (404) 441-4420

(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

## **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is: Windflow Property LLC

ARTICLE I - Name:

ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1400 NE 57th St. Apt. 104 Fort Lauderdale, FL 33334	1400 NE 57th St. Apt 104 ft Laudevoble, FL 33334	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  David L. Bourns  Name  1400 NE 57th St. Apt 104  Florida street address (P.O. Box NOT acceptable)  Fort Laudevdale  City. State, and 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 608, F.S.,

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
<u>MGRM.</u>	Toylor Boutwell 329 Robin Lane Maciette, GA 30067	
<u>MGRM</u>	David L. Bourn S 1400 NE 57th St. Apt 104 fort landerdale, FL 33334	
(Use attachment if necessary)	AHA	
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
	for Boutvell & S.	
(In accordance with section of this document constituent that the facts stated herein the facts stated	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury n are true.)	
	d 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)	

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