

L030000 46 5/9

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

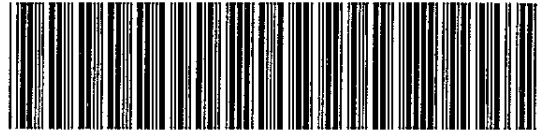
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000024752180

11/19/03--01052--024 \*\*130.00

FILED

03 NOV 19 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Nov. 14, 2003

Dept. of State  
Division of Corp.

Please find a check enclosed for win management,  
and the required filing fee, registered Agent fee &  
certificate of status. ~~etc~~ I have enclosed the  
original and one copy.

Ken Harty

03 NOV 19 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: W.I.N. Management, LLC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Kevin Richard Holtz

Name (Printed or typed)

6223 Poplar Grove Drive

Address

Port Orange, FL 32127

City, State & Zip

386/252-3367

Daytime Telephone number

RECEIVED  
TALLAHASSEE, FLORIDA  
NOV 19 2003

03 NOV 19 AM 9:47

FILED

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: W.I.N. Management, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

6223 Poplar Grove Drive  
Port Orange, FL 32127

**Mailing Address:**

6223 Poplar Grove Drive  
Port Orange, FL 32127

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

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

Kevin Richard Holtz  
Name  
6223 Poplar Grove Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Port Orange FL 32127  
City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 NOV 19 AM 9:47

FILED

*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..*

Kevin Holtz  
Registered 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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Kevin Richard Holtz  
6223 Poplar Grove Drive  
Port Orange, FL 32127


MGRM

Kelly Holtz  
6223 Poplar Grove Drive  
Port Orange, FL 32127

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
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.)

Kevin Holtz

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 NOV 19 AM 9:47

FILED