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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

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TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

**WINDY ACRES, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION  
FOR LIMITED LIABILITY COMPANY**

**ARTICLE I -- NAME**

The name of the Limited Liability Company shall be WINDY ACRES, LLC ("Company").

**ARTICLE II -- ADDRESS**

The mailing address and street address of the principal office of the company shall be 10702 Pelican Drive, Wellington, Florida, 33414.

**ARTICLE III -- REGISTERED OFFICE AND AGENT**

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

Hilda M. Porro, P.A.  
12773 W. Forest Hill Blvd., Suite 1201  
Wellington, Florida 33414

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TALLAHASSEE, FLORIDA

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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.

  
Registered Agent's Signature

**ARTICLE IV -- MANAGEMENT**

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

  
BARBARA STEGEN, 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.)