L04000008486

(Requestor's Name	e)
(Address)	
(Address)	
(City/State/Zip/Pho	me #)
	•
PICK-UP WAIT	MAIL
(Business Entity Na	ame)
(Business Entity in	anie)
(Document Number	r)
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	
•	

Office Use Only



100027518491

01/26/04--01025--006 **160.00

LIVISION OF CORPORATIONS

O4 JAN 23 MM 8: 50

02/02/04



TRANSMITTAL LETTER

SUBJECT: WINNIE'S PLACE, 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:	
STEPHEN B. ROSENTHAC, ESO. (Name of Person)	
LAW OFFICES OF STEPHEN B. ROSENT	THA
8142 N. UNIVERSION DV (Address)	OF JAN
TAMARAC FL 3332/ (City/State and Zip Code)	PROPERTY OF ST
For further information concerning this matter, please call:	8: 50 8: 50

STREET ADDRESS:

TO:

Registration Section Division of Corporations

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

STEPHEN B, ROSENTHAL at (Name of Person)

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

WINNIE"S PLACE,	L.L.C.
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8362 NW 23 Manor	8362 NW 23 Manor
Coral Springs, FL 33065	Coral Springs, FL 33065
STEPHEN B. Ro	tered Office, & Registered Agent's Signature: The registered agent are: OSENTHAL, ESQ. Name ersity Drive SS (P.O. Box NOT acceptable)

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, Florida Statutes..

Régistered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM ALDITH LEWIS 4580 Parkwick Dr. Columbus, OH 43228 (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.)

ARTICLE IV- Manager(s) or Managing Member(s):

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)

Typed or printed name of signee

ALDITH M. LEWIS