

**LO4 000015792**

Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302)575-0875  
Fax Number : (302)575-0925

**LIMITED LIABILITY COMPANY**

**Windsor Park Development LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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**OK**

Feb-27-2004 02:09pm From-DAVID WILLIAMS LAW FIRM PA  
Feb-20-2004 01:58pm From-DAVID WILLIAMS LAW FIRM PA

302-575-0925  
302-575-0925

T-922 P 002/002 F-568  
T-808 P.002/002 F-332

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: Windsor Park Development LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 908 Waterside Dr., Celebration, FL 34747

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

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

Agents and Corporations, Inc.  
Suite E, 773 4<sup>th</sup> Avenue North  
Naples, FL 34102

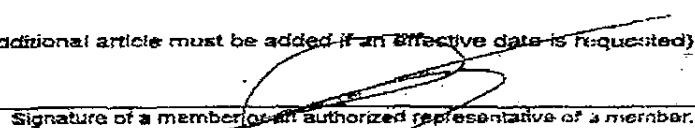
Having been named as registered agent and to accept services of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 (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)

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, this execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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