## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type

the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850) 205-0383

Prom:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694 Fax Number: (305)633-9696

## LIMITED LIABILITY COMPANY

## wind 1614, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

04 EUV 1 / EUD: 27





ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
WIND 1614, ELC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
320 Mallard Road	320 Mallard Road
Wester, FG 33327	Western, FL 33327
	<u> </u>
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
Hodeles	01001
-7- M	Vard Road
	ress (P.O. Box NOT acceptable)
Weston,	
City, State, ar	nd Zip = ===
Having been named as revistered agent and to a	ccept service of process for the above stated limited
liability company at the place designated in th	is certificate. I hereby accept the appointment at
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 per	formance of my duties, and I am familiar with and
actept the obligations of my position as regist	ered agent as provided for in Chapter 608, F.S.;
Andlet.	Such
Registered Agent's	Signature
• · ·	
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## HDUDOW 221949

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

Title; "MGR" = Manager	Name and Address:	
"MGRM" = Managing  M6R	Andrew Blody	
	Weston, FL 33327	
MERM	Justa Blody 320 Mallage Road	
	Wester, FL 33327	
(Use attachment if neces	sary)  article must be added if an effective date is requested.	
REQUIRED SIGNATU		
	Andle Broke	
	dance with section 608.408(3), Florida Statutes, the execution	
of this d	ocument constitutes an affirmation under the penalties of perjury to facts stated herein are true.)	p-
·	Typed or printed name of stigues	<u> </u>
Filing Fees:	7	,
\$125.00 Filing Fee for Ar of Registered As \$ 30.00 Certified Copy ( \$ 5.00 Certificate of Sta	Optional) ————————————————————————————————————	
	27	
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