

LU5000044022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

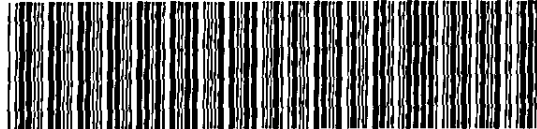
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05 MAY -4 PM 5:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05 MAY -4 PM 4:17

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 353045 7361995

AUTHORIZATION :

*Patricia Parpia*

COST LIMIT : \$ 155.00

FILED  
05 MAY -4 PM 5:12  
SEALING STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 4, 2005

ORDER TIME : 2:33 PM

ORDER NO. : 353045-005

CUSTOMER NO: 7361995

CUSTOMER: Mr. Yusuf Parpia  
Garcia-oliver & Mainieri, P.a.

Suite 447  
782 N.w. Le Jeune Road  
Miami, FL 33126

DOMESTIC FILING

NAME: WIND BY NEO 2813, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
05 MAY -4 PM 5:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Wind By NEO 2813, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

10924 NW 69 Street  
Miami, Florida 33178

**Mailing Address:**

10924 NW 69 Street  
Miami, Florida 33178

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

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

Garcia-Oliver & Mainieri, P.A.

Name

782 NW Le Jeune Rd. Suite 447

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL 33126

City, State, and Zip

*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

(CONTINUED)

Page 1 of 2

**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:**

MGR \_\_\_\_\_

Rafael Vecchio

10924 NW 69 Street

Miami, Florida 33178

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

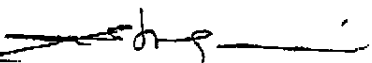
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(Use attachment if necessary)

**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.)

ANGEL M. GARCIA-OLIVER, ESQ.  
\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)