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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

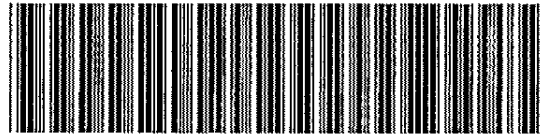
(Business Entity Name)

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05 MAY 23 PM 5:41  
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TALLAHASSEE, FLORIDA

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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032

REFERENCE : 386503 7361995

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 125.00

FILED  
05 MAY 23 PM 5:41  
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TALLAHASSEE, FLORIDA

ORDER DATE : May 23, 2005

ORDER TIME : 11:20 AM

ORDER NO. : 386503-015

CUSTOMER NO: 7361995

CUSTOMER: Ali Gamboa  
Garcia-oliver & Mainieri, P.a.

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

DOMESTIC FILING

NAME: WIND BY NEO 2413 ~~CORPORATION~~,  
LLC

EFFECTIVE DATE:

       ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
XX        ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

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

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Wind By Neo 2413, LLC

## ARTICLE II - Address:

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

### Principal Office Address:

7668 NW 116 Avenue  
Miami, Florida 33178

### Mailing Address:

7668 NW 116 Avenue  
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 N.W. Le Jeune Road, Suite 447

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

Miami, Florida 33126

FL

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

Nelson Sanchez

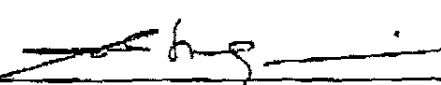
7669 NW 116 Avenue

Miami, Florida 33178

(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)