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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
11/9 FLLC				
WD5-47509				
Office Use Only 1				



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COVER LETTER

TO:	Registration S Division of Co	ection orporations		
SUBJE	CT: Winni	ng Streak LLC		processor and the second secon
		(Name of Limite	d Liability Company)	
The en	closed Articles o	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corresp	pondence concerning this matte	er to the following:	
	John W V	_		
		(Name of Person)	
,	Winning S	Streak LLC		
			Firm/Company)	
	2805 E C	Dakland Park Blvd	d., # 360	
			(Address)	
	Ft Laude	rdale, FL 33306		
		(City	/State and Zip Code)	
For furt	ther information	concerning this matter, please	call:	
John Winning		at (954) 566-94	50	
	(Name of Person)		at (954) 566-94 (Area Code & Daytime T	'elephone Number)
Enclose	ed is a check fo	or the following amount:		
✓ \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 17, 2005

JOHN W. WINNING WINNING STREAK LLC 2805 E OAKLAND PARK BLVD., #360 FT. LAUDERDALE, FL 33306

SUBJECT: WINNING STREAK LLC Ref. Number: W05000047509

We have received your document for WINNING STREAK LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 105A00063053

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	any is:
Winning Streak LLC	
(Must end with the words "Limited Liability Company	, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4010 Bayview Drive	2805 E Oakland Park Blvd.
Ft Lauderdale, FL 33308	# 360
	Ft Lauderdale, FL 33306
123 Florida sti Ok	th L. Wallace Name S Loblolly Ct, Suite D reet address (P.O. Box NOT acceptable) dsmar, FL 34677-4579 State, and Zip
liability company at the place designate registered agent and agree to act in this estatutes relating to the proper and combinancept the obligations of my position at Registered Real*	and to accept service of process for the above stated limited early this certificate, I hereby accept the appointment as apacity. I firther agree to comply with the provisions of all lete performance of my duties, and I am familiar with and is registered agent as provided for in Chapter 608, F.S Signature (REQUIRED) NTINUED) e1062
	elof2

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	John W Winning 4010 Bayview drive Ft Lauderdale, FL 33308
MGRM	Marlene F Winning 4010 Bayview Drive Ft Lauderdale, FL 33308
(Use attachment if necessary) ARTICLE V: Effective date, if other than to (If an effective date is listed, the date must to or 90 days after the date of filing.)	the date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	Cure an authorized representative of a member.

John W Winning

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)