## L0600005 24/22 FM 12:51

THOMAS D. WINOKUR
(Requestor's Name)
2898 MAHAN DRIVE SUITE 4
(Address)
(Address)
TOWN AUDES OF FI 37208
TALLAH ASSEE FL 32308 (City/State/Zip/Phone #)
857-521-9900
PICK-UP WAIT MAIL
DWIN HOLDING GROUP LLC (Business Entity Name)
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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( all )
A.o.

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SECRETARY OF STATE FALLAHASSEE, FLORIDA



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## Articles for Organization

## For

FILED

## Florida Limited Liability Company

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Article I

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The Name of the Limited Liability Company is:

**DWIN Holding Group, LLC** 

Article II

The street address of the principle office of the Limited Liability Company is: 2898 Mahan Drive, Suite 4

Tallahassee, Florida 32308

The mailing address of the Limited Liability Company is:

2898 Mahan Drive, Suite 4 Tallahassee, Florida 32308

Article III

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

Thomas D. Winokur 2898 Mahan Drive, Suite 4 Tallahassee, Florida 32308

Article IV

The name(s) and the Florida street address(s) of the managing members are:

Kristin Parsons Winokur 6552 Spicewood Lane Thomas D. Winokur 6552 Spicewood Lane

Tallahassee, Florida 32312

Tallahassee, Florida 32312

C. Darren Parsons 110 Hoffman Drive Tallahassee, FL 32312

Having been named as registered agent and to accept service of process for the above stated limited liability 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 am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature:	
Signature of members:	
Signature: Caraus assous	Date: 5-21-06
Signature: / Just Payme Which	Date: 5/22/06
	Date: 5/22/06
Signature: Number Mulli	Date: 3 ( 20 00