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PICK-UP		MAIL
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Special Instructions to	Filing Officer:	
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SECRLTARY OF STATES
TALLAHASSEE, FLORIDS

COVER LETTER

TO: Registration Se Division of Cor		
SUBJECT: a	rkwin Enter (Name of Limite	tain Ment LLC. d Liability Company)
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.
Please return all corresp	ondence concerning this matte	er to the following:
13	Belinda T.	France, ESQ. Name of Person)
		WFIRM, P.A. (Firm/Company)
	1625 Sumi	mit Lake Prive, Suite 240 (Address)
	Tallahass	e+ FL 32317 /State and Zip Code)
For further information	concerning this matter, please	call:
<u>Martha</u>	Woruble of Person)	at (850) 224-1040 E T
Enclosed is a check for	or the following amount:	SSEE
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) 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 Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF PARKWIN ENTERTAINMENT, LLC

ARTICLE I - NAME

The name of the limited liability company is PARKWIN ENTERTAINMENT, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

658 West Tennessee Street Tallahassee, Florida 32304 P.O. Box 20396 Tallahassee, Florida 32316

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

BELINDA T. FRANCE 1625 Summit Lake Drive, Suite 240 Tallahassee, Florida 32317

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..

BELINDA T FRANCE

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

ROBERT PARKER

1010 San Luis Road

Tallahassee, Florida 32304

MGMR

JENNIFER IRWIN

1575 Paul Russell Road #4004 Tallahassee, Florida 32301

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.)

ROBERT PARKER

Typed or printed name of signee