

Division of Corporations

Page 1 of 1

**Florida Department of State**  
**Division of Corporations**  
**Public Access System**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H07000122647 3)))



H070001226473ABC9

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
 Fax Number : (850) 205-0383

From:

**GAIL S ANDRE**

Account Name : LOWMEDES, DROSDICK, DOSTER, KANTOR & REED, P.A.  
 Account Number : 072720000036  
 Phone : (407) 843-4600  
 Fax Number : (407) 843-4444

**PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.**

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**CW MAINSAIL VILLAS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

JB

Electronic Filing Menu

Corporate Filing Menu

Help

**Lowndes  
Drosdick  
Doster &  
Kantor  
Reed, P.A.**

215 NORTH EOLA DRIVE  
ORLANDO, FLORIDA 32801

450 SOUTH ORANGE AVENUE, SUITE 800  
ORLANDO, FLORIDA 32801

POST OFFICE BOX 2809, ORLANDO, FLORIDA 32802-2809  
TEL.: 407-843-4600 / FAX.: 407-843-4444  
www.lowndes-law.com

**A T T O R N E Y S  
A T L A W**

**III MERITAS LAW FIRMS WORLDWIDE**

**FROM:**

Name:  
Fax Number:  
Voice Number:

**TO:**

Name: **FLORIDA DIVISION OF CORPORATIONS**  
Company:  
Fax Number: **1-850-205-0383**  
Voice Phone:

**MESSAGES:**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 MAY -9 AM 11:08

Date and time of transmission: **Thursday, May 03, 2007 11:44:46 AM**  
Number of pages including this cover sheet: **03**

*If you did not receive all of the pages, please contact us as soon as possible.*

*The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the above address via the U.S. Postal Service. We will reimburse you for postage.  
Thank you.*

H07000122647 3

**ARTICLES OF ORGANIZATION  
OF  
CW MAINSAIL VILLAS, LLC**

**ARTICLE I - NAME**

The name of this limited liability company is CW Mainsail Villas, LLC (the "Company").

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 301 E. Pine Street, Suite 750, Orlando, Florida 32801.

**ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the Company is 301 E. Pine Street, Suite 750, Orlando, Florida 32801 and the name of the initial registered agent of the Company at that address is H. Blaine Strickland.

  
H. Blaine Strickland, Member or Authorized  
Representative of a Member

**ACCEPTANCE OF REGISTERED AGENT**

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, Florida Statutes.

  
H. Blaine Strickland

H07000122647 3