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(Address)					
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(City/State/Zip/Phone #)					
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Special Instructions to	Filing Officer:				

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Old Winter Garden Road Properties, LLC (Name of Limited Liability Company)	i yurte f
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Douglas Gignac (Name of Person)	ా క. ఈఈ
(Firm/Company)	Tipper e
1446 Lakemist Lane (Address)	
Clermont, FL 34711 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Douglas Gignac at (954) 415-6940 (Name of Person) (Area Code & Daytime Telephone Number)	ta i y t e
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	•
Mailing Address Street/Courier Address	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Nan	ie:			
The name of the Li	mited Liability Company i	is:		
	iter Garden R			· · · · -
(Mu	st end with the words "Limited Lia	bility Company, "L.L.C.," or "I	.LC.")	
ARTICLE II - Ad The mailing addres	dress: s and street address of the	principal office of the L	imited Liability C	Company is:
Principal Office A	ddress:	Mailing Address:		
1446 Lake Clermont,	mist Lane FL 34711		-a Kemist Lant, FL 34711	<u>e</u>
(The Limited Liability Co	egistered Agent, Register impany cannot serve as its own Registration.)	red Office, & Registere gistered Agent. You must design	d Agent's Signati nate an individual or and	ure: other
The name and the F	Florida street address of the	_		
	Douglas G	ignac		
	Nan	ne		
	1446 Lakemi	st Lane		
		address (P.O. Box NOT acce	ptable)	,
	Clermon +	FL 34711 e, and Zip		* ··
	City, State	e, and Zip		- -
liability compar registered agent ar statutes relating i	ed as registered agent and t ny at the place designated it nd agree to act in this capac to the proper and complete gations of my position as re	n this certificate, I hereby city. I further agree to co performance of my dutie	v accept the appoir omply with the prov s, and I am familia	ntment as visions of all or with and
	Dongs Dag	trou		
	Registered Agent's Sign			3 95. 22.
				Seabchallon MIO: 30
	CONTI	INITIETY		<u> </u>

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR_	Richard Howell 17538 Seidner Rd. Winter Garden FL 34787
MGR	- Douglas Gignac 1446 Lakemist Lane Clermont, PL 34711
MGRM	Lawrence Duran 1800 N.E. 114 St. Miami, FL 33181
	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior
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.)

Gianac Douglas 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)

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