L08000062052

(Re	equestor's Name)	
(Ad	dress)	<u>. </u>
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	,
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800131572788

06/24/08--01009--029 **130.00

Effective Date 06/18/08

PILED

OB JUN 24 AH II: O

SECRETARY OF STATE

T. HAMPTON

JUN 2 5 2008

EXAMINER

COVER LETTER

	gistration Se vision of Cor						
SUBJECT.	Winky	's Gifts and Tre	asure	es.LL¢	С		
SUBJECT:		(Name of Limit					
The enclose	d Articles of	Organization and fee(s) are	submitted	d for filing	or.		
		ondence concerning this mat		1	•		
	een Wi			- (,		
	CCII VVI	TINICI	(Name of	Person)		•	
Wi	inky's C	Sifts and Treasu	ures,L	LC			
			(Firm/Co				
52	3 Mont	ego Lane N					
			(Addr	ess)			
EII	enton,	FI. 34222					
		. (Ci	ty/State an	d Zip Code	:)		_
For further i	nformation c	oncerning this matter, pleas	e call:				
Eileen	Winkle	r	at (9	41	232-4	109	9
·	(Name	of Person)		(Area Cod	e & Daytime	Telep	hone Number)
Enclosed is	a check for	r the following amount:					
\$125.00 F	iling Fee [▼\$130.00 Filing Fee & Certificate of Status	Cer	5.00 Filin tified Co itional cop)	S160.00 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		Registrati Division Clifton B 2661 Exe	ourier Addition Section of Corporate Building ecutive Center, FL 3230	tions ter Cir	cle

Effective Date 06/18/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Winky's Gifts and Treasures,LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
D'' 1000 111 84 11 111

Timelpai Office Address.	Maning Address.	
523 Montego Lane N	523 Montego Lane N	
Ellenton, Fl. 34222	Ellenton, Fl. 34222	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Eileen Winkler
Name
523 Montego Lane
Florida street address (P.O. Box NOT acceptable)
Ellenton, Fl. 34222 FL
City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 OR JUN 24 AN II: OR SECRETARY OF STATE

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	Name and Address: Member		
MGR.	Eileen Winkler 523 Montego Lane N Ellenton, Fl. 34222		
			•
	f other than the date of filing: 6/18/2009		
CLE V: Effective date, i	f other than the date of filing: 6/18/2009 ne date must be specific and cannot be more than five filing.)		
CLE V: Effective date, i effective date is listed, the days after the date of REQUIRED SIGNAT	f other than the date of filing: 6/18/2009 ne date must be specific and cannot be more than five filing.)	ve business	
CLE V: Effective date, i effective date is listed, the control of	f other than the date of filing: 6/18/2009 The date must be specific and cannot be more than fix filing.) TURE: Ture of a member or an authorized representative of a memory and authorized represe	nber.	
CLE V: Effective date, i effective date is listed, the control of	fother than the date of filing: 6/18/2009 ne date must be specific and cannot be more than five filing.) TURE: ture of a member or an authorized representative of a member or an affirmation under the penalties of per the facts stated herein are true.) een Winkler	nber.	
CLE V: Effective date, i effective date is listed, the days after the date of REQUIRED SIGNATED SIGNAT	f other than the date of filing: 6/18/2009 The date must be specific and cannot be more than fix filing.) TURE: Ture of a member or an authorized representative of a memory and authorized represe	nber.	
CLE V: Effective date, i effective date is listed, the days after the date of REQUIRED SIGNATED SIGNAT	f other than the date of filing: 6/18/2009 ne date must be specific and cannot be more than five filing.) TURE: Cordance with section 608.408(3), Florida Statutes, the executive of a memory of the facts stated herein are true.) Cen Winkler Typed or printed name of signee Articles of Organization and Designation Agent (Options)	nber.	