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	(Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-UF	P WAIT MAIL	
(Business Entity Name)		
	(Document Number)	
Certified Copies	Certificates of Status	

Special Instructions to Filing Officer:

L. SELLERS

JUN 1 2 2009

EXAMINER

Office Use Only



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SECRETARY OF STATE TALLAHASSEE FLORID

COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T: WINDSOR Pointe Trading LLC Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this matter to the following:
	Steven Blankstein
_	Windsor Pointe Trading LLC
	117 WINDSOR POINTE DRIVE
Po	MAN Beach Gardens, FL. 33418
<u>2</u>	E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
Stev	Name of Person at S61, 799-01-00 Area Code & Daytime Telephone Number
Enclosed	l is a check for the following amount:
] \$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \text{Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Windsor Pointe Trading LLC (Must end with the words "Limited Liability Company," "L.L.C.," "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 17 WINDSOR PUINTE DRIVE Salm Bench GARDENS [-L 38418
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: Sar Capital LLC Name N
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

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	Name and Address;
"MGRM" = Managing Member	Steven Blankstein 17 Windsor Pointe DR Palm Brack Gardon, FC 33418
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must or 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a members	Blackston. Der or an authorized representative of a member.
of this document con that the facts stated h	s Islankstein
Т	yped 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)

SECREDARY OF STATE