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DIVISION OF CORPORATION
2009 AUG 10 PM

B. KOHR

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EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

08-10-09

NAME:

WINTER HAVEN WESTWOOD ESTATES, LLC

TYPE OF FILING: ARTICLES OF ORGANZIATION

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODG

COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: Winter Haven Westwood E	states II.C
	c of Limited Liability Company)
The enclosed Articles of Organization and	fee(s) are submitted for filing.
Please return all correspondence concerning	
Suzanne T. Cryan	· Pr
and the state of t	(Nune of Person)
Bay State Corporate Services, In	c.
	C. (Firm/Company)
6 Beacon Streeet, Suite 510	
	(Address)
Boston, MA 02108	
	(City/State and Zip Code)
For further information concerning this mat	tor, please call:
Suzanne Cryan	at (617) 742-8484
(Name of Person)	at (_617) 742-8484 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	tount:
\$125.00 Filing Fee \$\text{\$\sum_{\text{\$\subset}}\$130.00 Filing Certificate of \$\text{\$\text{\$\subset\$}}\$	
Malling Address Registration Section Section of Corp. P.O. Box 6327 Tallahassee, FL. 3	on Registration Section prations Division of Corporations Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	127	ľ	C1	LE	1 _	N.	m	e:

The name of the Limited Liability Company is:

Winter Haven Westwood Estates, 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

Principal Office Address:	Mailing Address:
366 South Tenth Avenue,	366 South Tenth Avenue,
Waite Park, Minnesota 56387	Waile Park, Minnesota 56387

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limited Limited Limited Limited Limited Limited Limited Limited Description of Enough the Signature of Individual or Enother business entity with an active Florida registration.)

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

NRAI Service	es, Inc.
	Name
2731 Executi	ve Park Drive, Suite 4
	Florida street address (P.O. Box NOT acceptable)
Weston	FL 33331
	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..

NRAL Detvices, Inc.

Registered Agent's Signature (REQUIRED)
Suzanne T. Cryan, Asst. Secretary

(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>idress:</u>
h Avenue
nnesota 56387
ling
th Avenue
nesota 56387
)
h Avenue
inesota 56387
ot be more than five business days
<u></u>
C rei

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Steven D. Snelling

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

Filing Fees:

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signed