

Division of Corporations

10000006388

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

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Account Name : FASTKIT CORPORATE OUTFITS
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2010 JAN 19 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.
CONTINENTAL WINDS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

T. CLINE

JAN 20 2010

EXAMINER

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I- Name:

The name of the Limited Liability Company is: CONTINENTAL WINDS LLC

(Must end with the words "Limited Liability Company," "Limited Company" or abbreviation "LLC," or "L.C.")

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
2245 SW 31 AVENUE
MIAMI, FL 33145

Mailing Address:
SAME

ARTICLE III- Manager(s) or Managing Member(s):

The name and address of each Manager of Managing Member is as follows:

<u>Title</u>	<u>Name and Address:</u>
MGRM	JUAN C. KENNEDY 2245 SW 51 AVE. MIAMI, FL 33145
MGRM	JUAN C. KENNEDY II 2245 SW 51 AVE. MIAMI, FL 33145
MGRM	MARIA KENNEDY 2245 SW 51 AVE. MIAMI, FL 33145

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV – Registered Agent, Registered Office & Registered Agent's Signature:

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

Joseph F. Cabanas ~ Cabanas & Associates

Name

10520 NW 26 Street – Suite C201

Florida Street Address

Doral, FL 33172

City, State and Zip Code

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)

ARTICLE V: Effective date, if other than the date of filing: _____ (optional)

SIGNATURE:


Signature of a member or an authorized representative of a member

(In accordance with Section 608.408(3), Florida Statutes, the execution that the facts stated herein are true)

Juan C. Kennedy

Type or print name of signee