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(Reques	tor's Name)	
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B. KOHR

FEB 15 2010

EXAMINER

COVER LETTER

TO:	Registration Se Division of Cor						105
CUDI	róm.	WIN	NFR:	s CLC	THING		83
SUBJI	ECI:	Name of Limit				· · · ·	
The en	closed Articles of	Organization and fee(s) are	submitt	ed for fil	ing.		10FCB #11.
Please	return all correspo	ondence concerning this mat	ter to th	e followi	ng:		
				I ODA	1		
			Name	of Person			
		WINNE	RS Cİ	IHTO.	NG, LLC		•
			Firm/C	Company			:
		4041 NW	16 ST	REET	UNIT 309		
		10111111		dress		· · · · · · · · · · · · · · · · · · ·	
				EL 0.D.	D.A. 00040	•	
				rLORI ind Zip Co	DA 33313		
		Ch	y/ State 2		Juc		
•		E-mail address: (to be used	for futur	e annual r	eport notification	on) .	
For fur	ther information c	oncerning this matter, pleas	e call:				
	MAR	Y I ODAI	at (954)	638 4088	
	Name o	f Person		Area Co	ode & Daytime	Telephone Numbe	<u></u> r
Enclos	ed is a check for	the following amount:					
] \$125.	00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	Ce	rtified (ling Fee & Copy opy is enclosed) Certified	e of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registr Division Clifton 2661 E	Courier Adde ation Section on of Corpora Building executive Cen assee, FL 323	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	HING, LLC ty Company," "L.L.C.," or "LLC.")
WINNERS CLOT	HING, LLC
(Must end with the words "Limited Liabili	ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	
Principal Office Address:	Mailing Address:
3291 W SUNRISE BLVD FORT LAUDERDALE, FL 33311	4041 NW 16 STREET UNIT 309 LAUDERHILL, FL 33313
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
MARY I	DDAI
Name	
4041 NW 16 STRE	EET UNIT 309
Florida street address (P.O. Box NOT acceptable)	
LAUDERHILL, FL 33313 FL	
City, State, an	d Zip
liability company at the place designated in the registered agent and agree to act in this capacity	ccept service of process for the above stated limit is certificate, I hereby accept the appointment as I further agree to comply with the provisions of formance of my duties, and I am familiar with and

edall accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

11 X (C D II = 3 X =		Name and Address:	
"MGR" = Manage "MGRM" = Mana			
MGR		MARY I ODAI	
,		4041 NW 16 STREE	T_UNIT 309
		LAUDERHILL, FL 3	3313
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Use attachment if	• ,	e date of filing:	(OPTIO)
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LE V: Effective da fective date date date date date date date dat	nate, if other than the ed, the date must be of filing.) NATURE: Signature of a member o	eer or an authorized representativection 608.408(3), Florida Statutes, stitutes an affirmation under the pe	ve of a member.
EV: Effective da ective date is listed at lays after the date REQUIRED SIG	nate, if other than the ed, the date must be of filing.) NATURE: Signature of a member of this document constituted here.	ection 608.408(3), Florida Statutes stitutes an affirmation under the perein are true.)	ve of a member.
EV: Effective da ective date is listed days after the date REQUIRED SIG	nate, if other than the ed, the date must be of filing.) NATURE: Signature of a member of this document constituted here.	eer or an authorized representative ection 608.408(3), Florida Statutes, stitutes an affirmation under the perein are true.)	ve of a member.

- \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)