

L10000118987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**

Office Use Only

B. KOHR

NOV 16 2010

## **EXAMINER**

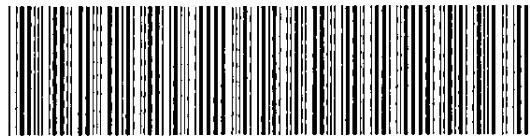
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

25-00  
20  
MOVED

RECEIVED  
10 NOV 15 AM 11:32  
FEDERAL BUREAU OF INVESTIGATION  
ORLANDO FIELD OFFICE  
TALLAHASSEE, FLORIDA

11/16/10--01

700187381077



CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** KATIE WONSCH

**DATE:** 11/16/2010

**REF. #:** 000277.136470

**CORP. NAME:** THE WIN COLUMN, LLC

10 NOV 16 PM 2:13  
DIVISION OF SECRETARY OF STATE  
FILED OF CORPORATION

<input type="checkbox"/> ARTICLES OF INCORPORATION	<input type="checkbox"/> ARTICLES OF AMENDMENT	<input type="checkbox"/> ARTICLES OF DISSOLUTION
<input type="checkbox"/> ANNUAL REPORT	<input type="checkbox"/> TRADEMARK/SERVICE MARK	<input type="checkbox"/> FICTITIOUS NAME
<input type="checkbox"/> FOREIGN QUALIFICATION	<input type="checkbox"/> LIMITED PARTNERSHIP	<input checked="" type="checkbox"/> LIMITED LIABILITY
<input type="checkbox"/> REINSTATEMENT	<input type="checkbox"/> MERGER	<input type="checkbox"/> WITHDRAWAL
<input type="checkbox"/> CERTIFICATE OF CANCELLATION		
<input type="checkbox"/> OTHER:		

STATE FEES PREPAID WITH CHECK# 537409 FOR \$ 125.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

**COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

<input type="checkbox"/> CERTIFIED COPY	<input type="checkbox"/> CERTIFICATE OF GOOD STANDING	<input checked="" type="checkbox"/> PLAIN STAMPED COPY
<input type="checkbox"/> CERTIFICATE OF STATUS		

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
THE WIN COLUMN, LLC

These Articles of Organization of The Win Column, LLC have been duly executed and are being filed by the undersigned authorized representative of a member to form a Florida limited liability company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608) as follows:

**ARTICLE I**  
**NAME**

The name of the limited liability company formed hereby is The Win Column, LLC (the "Company").

**ARTICLE II**  
**ADDRESS**

The principal place of business address and mailing address of the Company is 1844 N. Nob Hill Road, Suite 295, Plantation Florida 33322.

**ARTICLE III**  
**REGISTERED AGENT AND REGISTERED OFFICE**

The name and the Florida street address of the registered agent and registered office of the Company is NRAI Services, Inc., 2731 Executive Park Drive, Suite 4, Weston, Florida 33331.

IN WITNESS WHEREOF, the undersigned executed these Articles of Organization on the 16 day of November, 2010.

By: Susan F. Platz  
Susan F. Platz  
Authorized Representative of a Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

10 NOV 16 PM 2:13  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE  
FILED  
FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT AND REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OF THE FLORIDA STATUTES, THE WIN COLUMN, LLC SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

- (1) The name of the limited liability company is The Win Column, LLC.
- (2) The name and street address of the Florida registered agent and office are:

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
Weston, Florida 33331

*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 the 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 in Chapter 608, F.S.*

NRAI SERVICES, INC.

By: Katie Wonsch

Name: Katie Wonsch

Title: Assistant Secretary

Date: November 16, 2010