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2011 MAR 28 PM 12: 21 ALLAHASSEE FLORIDA

J. SAULSBERRY EXAMINER

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# **COVER LETTER**

то:	Registration S Division of Co				
SUBJE	CT: WIND	SOR ROSE			
Sobe			ed Liability Company		
The end	closed Articles of	Organization and fee(s) are	submitted for filing.		
Please i	return all corresp	ondence concerning this matt	ter to the following:		
	Mandy Pa	avlakos, Esq.			
			Name of Person		
	Law Offic	e of Mandy Pavla			_
			Firm/Company		
	4019 W. I	First Street		2011 SE TALL	
-			Address	MAR 2: CRETAR AHASS	****
5	Sanford, Fl	. 32771		R 28 TARY ASSE	#*:#:
•		Cit	y/State and Zip Code	PH	- 7
_		E-mail address: (to be used f	or future annual report notification)	PH 12: OF STAI	
For furt	ther information of	concerning this matter, please	e call:	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	
Mand	dy Pavlakos		at (407 ) 688-1301		
	Name o	of Person	Area Code & Daytime Telep	hone Number	
Enclos	ed is a check fo	r the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
Windsor Rose, LLC		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limite	d Liability Company is:
Principal Office Address:	Mailing Address:	
142 West 4th Avenue	142 West 4th Avenue	
Mount Dora, FL 32757	Mount Dora, FL 32757	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its of business entity with an active Florida registration.)		
The name and the Florida street address	of the registered agent are:	2011 SE( ALL
Marsha M. Good	lale	2011 MAR 28 SEURETARY ALLAHASSE
	Name	MAR 28
9087 Laurel	Ridge Drive	E 00 € 12 € 12 € 12 € 12 € 12 € 12 € 12 €

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.

City, State, and Zip

Florida street address (P.O. Box NOT acceptable)

Marsha M. Goodale
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**Mount Dora** 

## ARTICLE IV- Manager(s) or Managing Member(s):

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

MGRM	Paul E .Goodale
_	9087 Laurel Ridge Drive
	Mount Dora, FL 32757
MGRM	Marsha M. Goodale
	9087 Laurel Ridge Drive
	Mount Dora, FL 32757
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(Use attachment if necessary)	<b>D</b> . —

REQUIRED SIGNATURE:

Marsha M. Goodale
Signature of a member or an 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

### Marsha Goodale

Typed 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)