# LIIDOOBHB

(Re	equestor's Name)	
(A	ddress)	
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(Ci	ity/State/Zip/Phone	<del>e</del> #)
PICK-UP	WAIT	MAIL
(Bo	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

JUL 29 2011

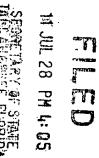
**EXAMINER** 

Office Use Only



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### COVER LETTER

Régistration Section

Division of Corporations
SUBJECT: Northwinds Little Ridge, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chartal Rutin Name of Person
Name of Person
Northwinds Partners. LLC
Firm/Company
9019 Pire Laurel Dr.
Address
Weddington, wc 28104 City/State and Zip Code
E-mail address: (to be used for future animal report notification)
For further information concerning this matter, please call: 704. 451. 3230
Chartal Rubin at 104, 443.7767
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \  \ \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

North winds	Litte	Ridge.	LLC	
(Must end with the	words "Limited Lis	ability Company, L.I	L.C.," or "LLC.")	

#### **ARTICLE II - Address:**

**Principal Office Address:** 

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

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

**Mailing Address:** 

ARTICLE III - Re (The Limited Liability Co business entity with an a	ompany cannot serv	ve as its own R				
The name and the I				~		
	Melan	vara +1	Carver, P	· A.		
		Na	ıme			
	2907	Bay	to Bay	Blvd	, suite	201
		Florida street	address (P.O. Bo	ox <u>NOT</u> accepta	ble)	
	Tan	On.	EI .	33629	•	

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MOKW – Wanaging Member	
76R	Cole kilen
,	8404 Little Road
	New POP Richey, 71 34 654
Mar	Charles Outin
	9019 line lower Dr
	woodington, NC 28104
	3
The state of the s	
(Use attachment if necessary)	
(OSC MADIMICITY IT ROCCISARY)	
ARTICLE V: Effective date, if other than t	the date of filing: (OPTIONAL)
· ·	t be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
<b>REQUIRED SIGNATURE:</b>	
Λ /	\
PW (	
Signature of a men	nber or an authorized representative of a member.
constitutes an affirmation ur	608.408(3), Florida Statutes, the execution of this document
l am aware that any false in	formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
Char-	
<u> </u>	The state of the s
	Typed or printed name of signee
Filing Fees;	Sim of

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

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