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J. SAULSBERRY EXAMINER

ATIC 1 7 2811

COVER LETTER

TO: Registration Division of C			
SUBJECT: WI	NDSONG SI (Name of Limi	UN CLEAN LL ted Liability Company)	<i>C</i>
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma-	tter to the following:	
	FFREY SEC	KLER	7.0 2
			II AUG
<u> </u>	CLEAN COIN	(Firm/Company)	TARY TARY
2905	MANATEE AL	IE. W.	PH OF ST
			ATE DRIDA
DRAD	ENTON, FL	ty/State and Zip Code)	
For further information	n concerning this matter, pleas	se call:	
JEFF (Nam	SECKLER te of Person)	_ at (1536 phone Number)
Enclosed is a check t	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	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 Courier Co	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WINDSONG SUN CL (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2905 MANATEE AUG. W.	2905MANATEEAVE. W.
BRADENTON, FL 34205	BRADENTON, FL. 34205
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
JEFIFREY Name	m-< •. •
	ress (P.O. Box NOT acceptable) RESTAR STATE TO THE STATE OF STATE TO THE STATE OF S
SARASOTA City, State, a	FL JAXAZ

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
<u>M GR</u>	<u>JEFFREY SECKLER</u> <u>5349 HIDDEN HARBOR RD</u> SARASOTA, FL 34242	
	SECRETAR TALLAHASS	T
	STATE CRIDA	
(Use attachment if necessary)		
	e date of filing: (OPTIONAL) se specific and cannot be more than five business days prior	
REQUIRED SIGNATURE:		

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.)

TEFFREY R. SECKLER
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)