Division of Corporations Page 1 of 1

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA LIMITED LIABILITY CO. WINDKA INDUSTRIES LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$155.00	

SEP 2 4 2012

EXAMINER

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SEP-20-2012(THU) 15:03

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

## Windka Industries LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
10691 N Kendail Drive	10691 N Kendall Drive
Sulte 301	Suite 301
Mismi, FI 33176	Miami, Fi 33176

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Carlos Garcia CPA

10691 N Kendall Drive Suite 301

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

Miami, FL 33176
City, State, and Zip

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 gigent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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		21
Title:	Name and Address:	<b>宝</b> (Pu)
"MGR" = Manager		
"MGRM" = Managing Member		P 21 AM 7: 58
MGRM	Windka industries Delaware LLC	<b></b>
	10691 N Kendell Drive Suite 301	<del>7.21.</del>
	Miami, Fl 33176	
		<del></del>
		<del></del>
		<del></del>
		<del></del>
		<del></del>
(Use attachment if necessary)		
ICLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (O be specific and cannot be more than five busi	PTIONAL) ness days prior
REQUIRED SIGNATURE:		

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.)

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document

Carlos E Garcia CPA, Registered Agent/ POA

-

Piling Pees:

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

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

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