

L13000102514

(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

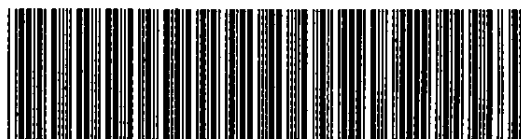
Sandy Gorman **ONE**

AUTHORIZATION BY PHONE TO

CORRECT eff date to be 07/11/13 & Keep the name
Not changing name

DATE 07/19/13 @ 11:38 am

DOC EXAM J. Bryan



500249833275

Effective Date 07/11/13

07/18/13--01026--008 **130.00

FILED
2013 JUL 18 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-40291

JUL 19 2013

J. BRYAN

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

WINDOWS OF THE WORLD 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:

SANDRA GORMAN

Name of Person

WINDOWS OF THE WORLD LLC

Firm/Company

120 CORAL WAY

Address

Fort ORANGE FL 32127

City/State and Zip Code

SANDYGORMAN@EARTHLINK.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDY GORMAN

Name of Person

at (407) 252-5681

Area Code & Daytime Telephone Number

Enclosed is a check for 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 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 Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Windows Of the World LLC

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

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

120 CORAL WAY
PORT ORANGE FL
32127

Mailing Address:

120 CORAL WAY
PORT ORANGE FL
32127

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.)

Effective Date 07/16/13

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

SANDRA CORMAN
Name

120 CORAL WAY
Florida street address (P.O. Box **NOT** acceptable)
PORT ORANGE FL 32127
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 agent as provided for in Chapter 608, F.S..

Sandra Corman
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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

SANDY GORMAN
170 CORAL WAY
PORT ORANGE, FL 32127

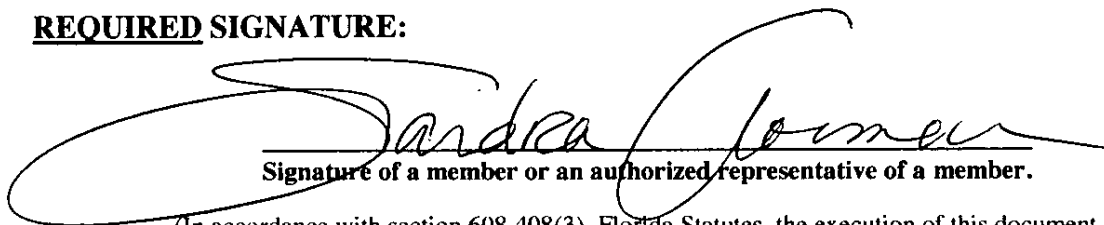
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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7-11-13 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. 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 § 817.155, F.S.)

SANDRA GORMAN
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)