# 43000139518

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status \_ Certified Copies \_\_\_\_\_ Special Instructions to Filing Officer: W13-48480

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THE TALLAHASSEE FLORID

B. BOSTICK

OCT - 3 2013

EXAMINER

(850) 245-6051. TO: **Registration Section Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person For further information concerning this matter, please call: 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 Tallahassec, FL 32314

### Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
WINDSOR WES	TLLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2525 Parkway Street Fort Myers 17:33901	5555 Parkulay St Fort Myers Fi 32901	
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 re	gistered agent are:  VILES ASSOC MgmT Light 72	
FORT MUERS	mo - t	
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as by. 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..

CRP16 VALNTINE

(CONTINUED)

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 "MGRM" = Managing Member	Name and Address:
MGR	ROBERT WALSH 2525 Parkwayst Fortmyers F 33901
MAR	CAROL STROVERS 5505 Parkway St Fort Myers Fi 33901
MGR	BETTY MONAHAN SOSPARKWAY ST FOX MYERS FL 33901
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing: (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:	
h_	
Signature of a member or an authorized representative of a member.	
constitutes an affirmation under th	08(3), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true, ion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
ROBERT Type	d 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)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2013

SHERI SANNER 2525 PARKWAY STREET FT. MYERS, FL 33901

SUBJECT: WINDSOR WEST LLC Ref. Number: W13000048480

We have received your document for WINDSOR WEST LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 613A00020676

2013 OCT -2 AM 6: 48