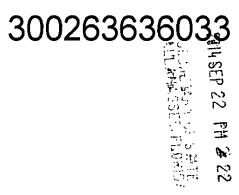
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Office Use Only





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## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Heather M. Winkler L. C.  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:
Heather M. Winklet Name of Person
Heather M. Winker Lice
4133 Carambola Circle South #205 Address
COCODUT Creek, FL 330000 City/State and Zip Code
H-Winkler 42 Dyah 00. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heather M. Win Kle at (954) 330 5988  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & 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 FL	ORIDA LIMITED LIABILITY COMPANY of Th
ARTICLE I - Name:	P. 22
The name of the Limited Liability Company is:	
Heather M. V (Must end with the words "Limited L	Vinkler LLC 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4133 Carambua Cir S#ZO	5_Same
4133 Carambola Cir S#ZOE Coconut Creek, Pl 33000	- Sarve
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.  The name and the Florida street address of the registered at the control of the registered at t	egistered Agent. You must designate an individual or ) gent are:
Heather M. Name	
H133 Carami Florida street address (P.O. Box M	ODIACIT. S. #205 NOT acceptable)
COCONUT CASSEL	FL 33066 Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at he appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance sations of my position as registered agent as provided for in 605, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = ManagerMGR	Heather M. Winker
·	4133 Carambola Cir. S#2
	COCONUT Creek, FL 3306
·	- <del>5 2</del>
	Maria I
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(Use attachment if necessary)  LE V: Effective date, if other than the date of filing ffective date is listed, the date must be specific an e of filing.)	g: (OPTIONAL) nd cannot be more than five business days prior to or 90 day
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Page 2 of 2