## L14 00018961

(1	Requestor's Name)
(/	Address)
(/	Address)
(1	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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SECRETARY OF STAFE
TALLAHASSEE, FLORIDA

J. Whiteens DEC 11 2004

TO:	Registration Section Division of Corporations		
SUBJI	ECT: WINDSOR CREEK LLC. Name of L	imited Liability Company	
		,	
The en	closed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this r	matter to the following:	
	YOGESH CHANDRASAIN		
		Name of Person	
	WINDSOR CREEK LLC		
		Firm/Company	
	1315 N OBSERVATORY DR		
	,	Address	
	ODLANDO ELODIDA 20049		
	ORLANDO FLORIDA 32818	City/State and Zip Code	
77	INDSORCREEKLLC @GMAIL.COM E-mail address: (to be us	ad for few community and to the few contracts of th	vion)
			uon)
For fur	ther information concerning this matter, pl	ease call:	
YOGE	ESH CHANDRASAIN at (	407 ) 353 -6847	
	Name of Person .	Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
	00 Filing Fee \$\Bigcup \\$130.00 Filing Fee &	☐\$155.00 Filing Fee &	<b>☑</b> \$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
	Mailing Address	Street/Courier Add	ress
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporat	tions
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Cent	ter Circle
	i ananassee, pl 32314	2001 Executive Cell	ioi Citole

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
WINDOR CREEK LLC. (Must end with the words "Limited	Liability Company, "L.L.C.," or "LL	.C.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Compar	ny is:
Principal Office Address:	Mailing Address:	
1315 N OBSERVATORY DR ORLANDO FLORIDA 32818	1315 N OBSERVATORY DR ORLANDO FLORIDA 32818	
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designa	te an individual or
The name and the Florida street address of the registered	agent are:	
YOGESH CHANDRASAIN Name		
1315 N OBSERVATORY DR Florida street address (P.O. Box		
ORLANDO City	FL 32818 Zip	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obli-	nt the appointment as registered agent of all statutes relating to the proper a	and agree to act in this nd complete performance
Registered Agent's Signat		14 DEC -5 SECRETARY TALLAHASSET
Page 1 of 2	2	AM 8: 2: OF STAI

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	YOGESH CHANDRASAIN
AIVIDIX	1315 N OBSERVATORY DR
	ORLANDO FL 32818
MGR	PRIYA CHANDRASAIN
	1315 N OBSERVATORY DR
	ORLANDO FL 32818
<del>, ,</del>	
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