(Re	equestor's Name)	
(Ad	ldress)	
(Ac	Idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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AUG 03 2015

R. WHITE

COVER LETTER

TO: Registratio Division of	n Section Corporations			
SUBJECT:	So W. F Name of Lin	logiba tele	marketing	LL
The enclosed Article	s of Organization and fee(s) a	re submitted for filing.		
Please return all corr	espondence concerning this m	natter to the following:		
	Jeffrey	STAR KMAN Name of Person		
	N	ONE Firm/Company		
	796 92 =			
····	NAPI-es j	FIA 34/08		
<u> </u>	FARKMAN Je FF	FIA 34/08 City/State and Zip Code FREY & GMAIL and for future annual report notific	COM_ ation)	
For further information	on concerning this matter, ple	ase call:		
Jeffrey	SFARKMAN at (_	407 412 - 3 Area Code Daytime Te	646 lephone Number	
Enclosed is a check f	for the following amount:			
3 \$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 enclose	ed)
Ma	alling Address	Street/Courier Add	ress	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

FILED 15 JUL 29 AH 9: 00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED EXABILITY COMPANY ALL ALLAHASSEE, FLURIDA

	THE WINDSTELL LEWINDA
ARTICLE I - Name: The name of the Limited Liability Company is:	
S. W. Floß! (Must end with the words "Limited L	ida telemanketing LLC.
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address: 796 92 Not Aue N	Mailing Address: 796 92 Nd Ave N
NAPLES FIA. 34108	NAPLES FIA 34/08
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	
Jeffney	STARKMAN
Florida street address (P.O. Box Market)	ave N
NAPLES City	
the place designated in this certificate, I hereby accept t capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
(CONTINUE)	D)

Page 1 of 2

I'itle: "AMBR" = Authorize "MGR" = Manager	d Member	Name and Address:
AMBR"	-	Jeffrey Starkman 796 92 nd Aue 1 NAPLES FLA 34108
	_	
		Colored William Colored Colore
EV: Effective date, if ctive date is listed, th	other than the date of fi	filing: (OPTIONAL) Ic and cannot be more than five business days prior to o
EV: Effective date, if ctive date is listed, the filing.)	other than the date of fine date must be specific	ic and cannot be more than five business days prior to o
EV: Effective date, if ctive date is listed, the filling.) EVI: Other provisions	other than the date of fine date must be specific, if any.	ic and cannot be more than five business days prior to o
E V: Effective date, if ctive date is listed, the filling.) E VI: Other provisions REQUIRED SIGNA (In accordance constitutes a I am aware to serve date is listed, the ctive date is listed.)	other than the date of fine date must be specification. TURE: Signature of memberine with section 605.02 an affirmation under the that any false information that any false information.	ic and cannot be more than five business days prior to o
E VI: Other provisions REQUIRED SIGNA (In accordar constitutes a I am aware t	other than the date of fine date must be specification. TURE: Signature of memberine with section 605.02 an affirmation under the that any false information third degree felony as Jeff	er or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this docume e penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State