

L15000132609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

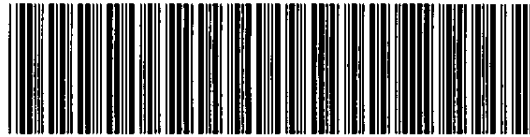
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Phuong Helene Ta gave  
verbal permission to add  
suffix to name.

T.C. 8/6

Office Use Only



400275169014

400275169014  
07/20/15--01010--020 \*\*125.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUL 20 PM 1:57

AUG - 6 2015

T CANNON

EFFECTIVE DATE  
July 15, 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2015

PHUONG HELENE TA  
36800 WINFIELD CT  
GRAND ISLAND, FL 32735 US

SUBJECT: WINNE ENTERPRISE, INC.  
Ref. Number: W15000050809

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

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

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) 245-6050.

Tina D Cannon  
Regulatory Specialist II

Letter Number: 815A00015798

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Winn Enterprises 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:

Phuong Helene Ta  
Name of Person

Firm/Company

36800 Winfield Ct  
Address

Grand Island FL 32735  
City/State and Zip Code

helenepta1@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phuong Helene Ta at (352) 255-5538  
Name of Person 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**

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

**Street Address**

New Filing 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:

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Winne Enterprises, LLC

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

15 JUL 20 PM 1:57

ARTICLE II - Address:

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

**Principal Office Address:**

**Mailing Address:**

202 South Hwy 27/441, Lady Lake, FL  
32159

36800 Winfield Ct, Grand Island, FL 32735

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 registered agent are:

Phuong Helene, Ta  
Name

36800 Winfield Ct

Florida street address (P.O. Box **NOT** acceptable)

Grand Island FL 32735

City

State

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 605, F.S..*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Phuong (Helene) Ta  
36800 Winfield Ct  
Grand Island, FL 32735

(Use attachment if necessary)

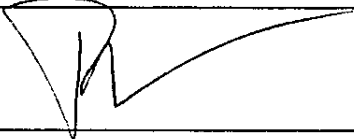
**ARTICLE V:** Effective date, if other than the date of filing: 7/15/2015 (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Phuong Ta  
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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUL 20 PM 1:57