## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6381

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Account Number : FCA000000023

Phone : (850)205-8842 Fax Number : (850)878-5368

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FLORIDA LIMITED LIABILITY CO.

Winward Fairways Manager, LLC

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Certificate of Status		1
Certified Copy		1
Page Count		04
Estimated Charge		\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

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our inco	WINDWARD FAIRWAYS MAN	AGER, LLC				
SUBJECT		Limited Liabi	lity Company			
The englo	sed Articles of Organization and fee(s	l are submitte	d the filing			
	arn all correspondence concerning this		-			
<b>2 (3-40)</b>	Sergio Socolsky					
		Name o	of Person	_		
	Americas Capital Partners					
		Firm/C	'ampany	_		
	l Albambra Plaza, Suite 1450					
	1.50	S) - √ Aldd	dressi	_		
	Coral Gables, Florida 33134					
	ssocolsky@americascapital.com	City/State a	nd Zip Code	_		
		sed for futuro	annual report notification)	_		
For further	information concerning this matter, pl	easc call:				
	Sergio Socolsky	305	377-3379	TAL	긁	
	Name of Person	Area Code	Daytime Telephone Number	AE.	SEP	
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	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassoc, FL 32314	्र राज्यसम्बद्धाः	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	-		

ARTICLE I - Name:	ORGANIZATION FOR	PLORIDA LIM	TTEDLIABILITY	COMPANY
The name of the Limited Liability	Company is:			
	VAYS MANAGER, Livith the words "Limited		npany, "L.L.C.," o	r"LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the Li	mited Liability Co	mpany ia:
<u>Princips</u>	Office Address:		M	lalling Address:
1 Alhambra Plaza			1 Alhambra Piaz	<b>a</b> .
Suite 1450		<del></del> -	Suite 1450	
Coral Gables, Florida	_33134	<del></del>	Coral Gables, Fk	orida 33134
The name and the Florida street s	ddress of the registered	_		
	1200 South Pine Isla	and Dane		
	Florida street addres		OT acceptable)	
	Plantation,	Florida	33	324
	City	State	Zip	)
Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the ob-	I hereby accept the app resistons of all statutes n ligations of my position	ointment as re- elating to the p as registered a T Corporatio	gistered agent and proper and complet ngent as provided f on System	agree to act in this capacity. It is performance of my duties, and I
			! # 'S	distraction and specific

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Page 1 of 2

PLOS2 - 8/4/2015 Welton Klower Colline

<u>Titler</u>	Namo and Address:		
AMBR" = Amborized Member	•		
MGR" = Manager MGR .	Serpio Socolsky		
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·	Coral Oables, Piorina 33134		
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