#4078 P.001 /004

### Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.

Account Number: 074143000064 Phone : (954) 467-2200 Fax Number : (954)467-2210

\*\*Enter the email address for this business entity to be used for the ture annual report mailings. Enter only one email address please.

gwallick@bestroofing.net Email Address: FLORIDA LIMITED LIABILITY CO. SUMMERWIND PROPERTIES, LLC

> Certificate of Status 0 Certified Copy 0 03 Page Count Estimated Charge \$125.00

#### ARTICLES OF ORGANIZATION

OF

#### SUMMERWIND PROPERTIES, LLC

The undersigned, as the authorized representative of the initial member(s) of SUMMERWIND PROPERTIES, LLC, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

# ARTICLE I COMPANY NAME

The name of the Company is SUMMERWIND PROPERTIES, LLC.

# ARTICLE II MANAGEMENT

The Company will be a manager managed company. The Manager is Gregg E. Wallick.

## ARTICLE III MAILING ADDRESS AND STREET ADDRESS OF COMPANY

The mailing address, the street address and e-mail address of the principal office of the

Company is:

1600 N.E. 12th Terrace Fort Lauderdale, Florida 33305 e-mail: gwallick@bestroofing.net

## ARTICLE IV REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Conrad J. Boyle
Mombach, Boyle, Hardin & Simmons, P.A.
100 N.E. Third Avenue
Suite 1000
Fort Lauderdale, Florida 33301

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this <u>14</u> day of October, 2015.

CONRADJ. BOYLE

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

### STATE OF FLORIDA COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this \( \frac{14}{2} \) day of October, 2015, by CONRAD J. BOYLE, who \( \frac{1}{2} \) is personally known to me or who \( \frac{1}{2} \) has produced a Florida driver's license as identification.



Notary Public - State of Florida My Commission Expires:

Cecilia Dunlavey

Commission Number:

Having been named as registered agent and to accept service of process for the above 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.

DATED this 14 day of October, 2015.

CONRAD KBOYLE