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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

יוט	vision of Corporations
SUBJECT:	WINNING TEAM OF AMERICA LLC.
50202011	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	n all correspondence concerning this matter to the following:
	JAWAHAR B PAVASIA
-	Name of Person
	WINNING TEAM OF AMERICA, LLC.
-	Firm/Company
. :	3386, S.E 54TH AVENUE,
•	Address
ı	OCALA, FLORIDA - 34480
•	City/State and Zip Code
J <i>I</i>	AY@WINNINGTEAMOFAMERICA.COM
	E-mail address: (to be used for future annual report notification)
For further in:	formation concerning this matter, please call:
J	AWAHAR PAVASIA 352 875 4883 at ( )
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount
<b>]</b> \$125.00 Fili	Sing Fee \$130.00 Filing Fee & Sertificate of Status \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

# **Mailing Address**

**Registration Section** 

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

A	R	T	I	C	L	E	I	-	N	la	m	e	
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The name of the Limited Liability Company is:

### WINNING TEAM OF AMERICA LLC.

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

### **ARTICLE II - Address:**

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

### **Principal Office Address:**

Mailing Address:

3386, S.E 54TH AVENUE,	3386, S.E 54TH AVENUE,
OCALA,	OCALA,
FLORIDA - 34480	FLORIDA - 34480

### 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:

JAWAHAR B PAVASIA	
Name	

. 14

3386, S.E 54TH AVENUE,
Florida street address (P.O. Box NOT acceptable)

OCALA, FLORIDA 34480

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..

Registered Agent's Signature (REQUIRED)

CONTINUED

Page 1 of 2

TOTAL STATES

"MGR" = Manager  JAWAHAR B PAVASIA  3386, S.E. 54TH AVENUE  OCALA, FLORIDA - 34480  EV. Effective date, if other than the date of filing: DATE OF FILLING  (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 d  filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nearly seffective date on the Department of State's records.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member an authorized representative of a member.  This document is excepted in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information pulmitted in a document to the Department of State constitutes a third degree celony as provided for in s.817.155, F.S.  JAWAHAE B PAVASIA  Typed or printed name of signce  Elling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent	Title:	Name and Address:	
JAWAHAR B PAVASIA  3386, S.E 54TH AVENUE  OCALA, FLORIDA - 34480  EV: Effective date, if other than the date of filing: DATE OF FILLING (OPTIONAL)  ctive date is listed, the date must be specific and cannot be more than five business days prior to or 90 df filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be nearly seffective date on the Department of State's records.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member in authorized representative of a member.  This document is excented in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fake information jubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  JAWAHAR B PAVASIA  Typed or printed name of signee  Etiling Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	"AMBR" = Authorized Member		
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**ARTICLE IV-**