

L160000127804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

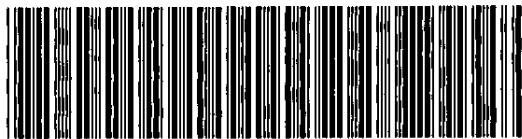
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300286965133

RECEIVED  
DEPARTMENT OF  
16 JUL 11 AM 11:02

FILED  
DEPT. OF STATE  
16 JUL 11 AM 9:56

7/13/14

1.2112000047958

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 210901 7543726

AUTHORIZATION :

*Signature*

COST LIMIT : \$ 125.00

ORDER DATE : July 11, 2016

ORDER TIME : 10:28 AM

ORDER NO. : 210901-005

CUSTOMER NO: 7543726

DOMESTIC FILING

NAME: WINVEST, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
16 JUL 11 AM 9:57  
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section  
Division of Corporations

FILED  
16 JUL 11 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Widvest 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:

Beverly Lowery, Paralegal Specialist

Name of Person

DLA Piper LLP (US)

Firm/Company

1201 West Peachtree Street, Suite 2800

Address

Atlanta, GA 30309-3450

City/State and Zip Code

JAWIDMERG@GMAIL.COM

E-mail address: (to be used for future annual report notification):

For further information concerning this matter, please call:

Beverly Lowery

404

736-7838

at ( )

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2016

CORPORATION SERVICE COMPANY

SUBJECT: WINVEST, LLC  
Ref. Number: W16000047958

FILED

16 JUL 11 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for WINVEST, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 316A00014427

RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
JUL 12 PM 4:02

16 JUL 12 PM 4:02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Widvest LLC

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

FILED

16 JUL 11 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1951 NW 7th Ave.  
Suite 160/180  
Miami, FL 33136

Mailing Address:

1951 NW 7th Ave.  
Suite 160/180  
Miami, FL 33136

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:

Torsten E. Maehle  
Name

480 NE 30th Street, Apt. 1104  
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33137  
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)

**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:**

Alejandro Widmer

1951 NW 7th Ave., Suite 160/180

Miami, FL 33136

MGR

Muriel Widmer

1951 NW 7th Ave., Suite 160/180

Miami, FL 33136

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

Alejandro Widmer

(Typed or printed name of signer)

**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  
16 JUL 11 AM 9:57  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA