3/28/2017	11 57:22	AM
Divisio	on of Corpo	rations

Andre, Gail

LDDKR

Page 2 Page 1 of 1

(ase print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
	(((H17000084884-3)))
HI 70000846643ABC7 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	
řr	nom: Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P. Account Number : 072720000036 Phone : (407)843-4600 Fax Number : (407)843-4444
annua)	e email address for this business entity to be used for future 1 report mailings. Enter only one email address please.** Address:
plan alexandra and	
	FLORIDA LIMITED LIABILITY CO. WINDERLAND, LLC
	Certificate of Status 0 Certified Copy 1 Page Count 01

MAR 2 9 2017

K. Brumbley

÷

÷

ii j

4

 \mathcal{F}

Andre, Gail

LDDKR

Page 3

ARTICLES OF ORGANIZATION OF WINDERLAND, LLC

ARTICLE I - NAME

The name of this limited liability company is WINDERLAND, LLC (the "Company"):

ARTICLE II - PRINCIPAL OFFICE

The mailing address and street address of the initial principal office of the Company is 135 W. Central Blvd., Suite 900, Orlando, Florida 32801.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 135 W. Central Blvd., Suite 900, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Clifford L. Stein,

ARTICLE IV - MANAGEMENT

The Company is a manager-managed limited liability company. The initial managers of the Company are Reid Berman and Clifford L. Stein.

Clifford L. Stein, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.

Clifford L. Stein

00999994/149912/3463439/1