

L17000152147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

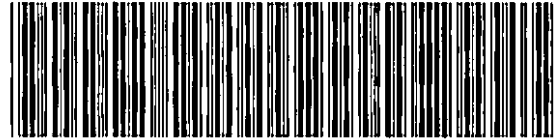
(Business Entity Name)

(Document Number)

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

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Doherty, Ciechanowski,  
Dugan & Cannon, P.C.

124 Grove Street, Suite 220  
Franklin, MA 02038  
TEL. NO. (508) 541-3000  
FAX NO. (508) 541-3008

Kerri D. Gibbons  
kdg@dcclaw.com

July 13, 2017  
By Federal Express

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Winnie Properties LLC

Dear Sir or Madam:

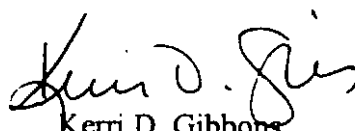
Enclosed please find the following in connection with the above referenced limited liability company:

1. Cover letter
2. Article of Organization
3. Check in the amount of \$125

Please acknowledge receipt of these documents by stamping the enclosed copy of this letter and returning it to me in the enclosed envelope.

Please call me if you have any questions or require any further information.

Very truly yours,

  
Kerri D. Gibbons  
Paralegal

Enclosures



Doherty, Ciechanowski,  
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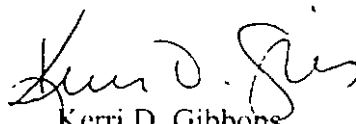
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Kerri D. Gibbons  
Paralegal

Enclosures

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** WINNIE PROPERTIES 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:

Robert B. Reynolds

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

33 Arthur Matthew Drive

\_\_\_\_\_  
Address

Hanover, MA 02339

\_\_\_\_\_  
City/State and Zip Code

summitpi@gmail.com

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

For further information concerning this matter, please call:

Robert Reynolds                      617                      799-5728  
\_\_\_\_\_  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WINNIE PROPERTIES LLC

(Must contain 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:

33 Arthur Matthew Drive  
Hanover, MA 02339

Mailing Address:

33 Arthur Matthew Drive  
Hanover, MA 02339

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:


Cunningham Property Management Corp.  
Name

1001 Point Of Rocks Road  
Florida street address (P.O. Box **NOT** acceptable)

<u>Sarasota</u>	<u>FL</u>	<u>34242</u>
City	State	Zip

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
JUL 14 AM 9:56  
1-1-13

*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)  
**BRIAN CHAMBERLAIN**

(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

AMBR

**Name and Address:**

Robert B. Reynolds

33 Arthur Matthew Drive

Hanover, MA 02339

\_\_\_\_\_

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(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.

Robert B. Reynolds

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)

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