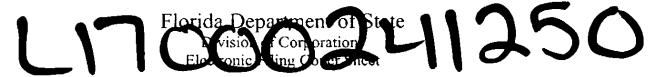
Page 2 of 4 To: Division of Corporations



Note: Please 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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)203-0845

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. WINWARD MARINA GROUP LLC

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:						
WINDWARD MARI	NA GROUP LLC						
(Must conta	in the words "Limited	Liability Company,	"L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street add	iress of the principal c	office of the Limited	Liability Company is:				
<u>Principa</u>	Office Address		Mailing Addi	rest;			
2550 South Bayshore	Drive		South Bayshore Drive				
Suite 208			e 20 <u>8</u>				
Miami, FL 33133		Mia	ml, FL 33133				
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac The name and the Florida street as	annot serve as its own tive Florida registration	Registered Agent on.) d agent are: tem	nt's Signature: You must designate an in	dividual or	AT SHOSSOF I	17 NOV 22 PH	j. Et
	Florida street addres	s (P.O. Box NOT	eceptable)			23	<u> (</u> -
	Plantation	FL	33324			Pa .	•-
	City	State	Zip		74	(A)	
Having been named as registered a place designated in this certificate, i further agree to comply with the proam familiar with and accept the obligation.	Increby accept the approvisions of all statutes to lead to be a statuted by the actions of my position	oininiani os register Victina in the orona	ea agont and agree to dot and complete performan as provided for in Chapte.	at of my duties, a	ind ( a Cuddil	-	

"AMBR" = Authorized Member "MGR" = Manager AMBR	<del></del>
AMOR	Windward Trust
	c/o 200 South Biscayne Boulevard, Sixth Floor
	Miami, FL 33131
MGR	Daysi Johansson
111/21	c/o 2550 South Bayshors Drive, Suite 208
	Miami, FL 33133
(Use attachment if necessary)	
ment's effective date on the Department of EVI: Other provisions, if any.	
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the date inserted in this block does not medicall's effective date on the Department of E VI: Other provisions, if any.  REQUIRED SIGNATURE:	ela D. Miss
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the date inserted in this block does not mentally affective date on the Department of E VI: Other provisions, if any.  RECOURED SIGNATURE:  Signature of a mem This document is executed I am aware that any folse in constitutes a third degree it.	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.  Kriss, Authorized Representative
the date inserted in this block does not mentally affective date on the Department of E VI: Other provisions, if any.  RECOURED SIGNATURE:  Signature of a mem This document is executed I am aware that any folse in constitutes a third degree it.	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes. iformation submitted in a document to the Department of State