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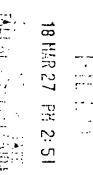
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duniana Falib Nama)
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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N CULLIGAN MAR 2 7 2018

COVER LETTER

	New Filing Section Division of Corporations
SUBJEC*	Trade Winds 507 Property Management LLC.
SUBJEC	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	William R Coyle
	Name of Person
	Trade Winds 507 Property Management LLC.
	Firm/Company
	3880 N East 17 Ave
	Address
	Oakland Park Florida 33334
	City/State and Zip Code wrc203@yahoo.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	William R Coyle 732 241-6610
	Name of Person Area Code Daytime Telephone Number
Enclosed i	is a check for the following amount:
\$125.00 F	Stiling Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &



March 6, 2018

WILLIAM R COYLE 3880 N EAST 17 AVE OAKLAND PARK, FL 33334

SUBJECT: TRADE WINDS 507 PROPERTY MANAGEMENT LLC

Ref. Number: W18000021516

We have received your document for TRADE WINDS 507 PROPERTY MANAGEMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Letter Number: 718A00004489

Neysa Culligan Regulatory Specialist II

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
LE II - Address:	
ling address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3880 N East 17 Ave	3880 East 17 Ave
3880 N East 17 Ave Oakland Park	3880 East 17 Ave Oakland Park

William R Coyle

Name

3880 N East 17 Ave

Florida street address (P.O. Box NOT acceptable)

Oekland Florida 33334

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.

(CONTINUED)

18 HAR 27 PH 2: 5

Title:		Name and Address:	
\overline{AMBR} " = Author			
"MGR" = Manager		William R Coyle	
MGR	_	3880 N East 17 Ave	
		Oakland Park Florida 33334	
			
			.
			
ective date is listed	e, if other than the date of fi	iling: 2/16/2018	or 90 da
EV: Effective date fective date is listed of filing.) If the date inserted is	e, if other than the date of fi I, the date must be specifi In this block does not meet the on the Department of S	ic and cannot be more than five business days prior to the applicable statutory filing requirements, this date wi	or 90 da
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