

L18000273504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

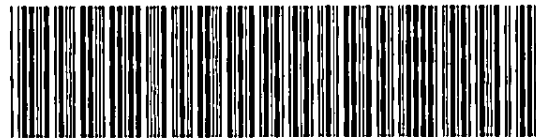
(Business Entity Name)

(Document Number)

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

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2018 NOV 21 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT:** CAMERON HEIGHTS VILLAGE 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:

JULIANA DOS SANTOS

Name of Person

GFS TAX & ACCOUNTING SERVICES

Firm/Company

2001 W CYPRESS CREEK RD STE 102B

Address

FORT LAUDERDALE, FL 33309

City/State and Zip Code

INFO@GFSTAXACCT.COM

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

For further information concerning this matter, please call.

JULIANA DOS SANTOS

754

301-2128

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CAMERON HEIGHTS VILLAGE 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:**

2400 WILLIAMS ROAD  
WINTER GARDEN, FL 34787

**Mailing Address:**

2400 WILLIAMS ROAD  
WINTER GARDEN, FL 34787

**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:

GFS TAX & ACCOUNTING SERVICES

Name

2001 W CYPRESS CREEK RD STE 102B

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

FORT LAUDERDALE FL 33309

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company.

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGRM

**Name and Address:**

WE DO DEVELOPMENT LLC

2400 WILLIAMS ROAD

WINTER GARDEN, FL 34787

MBR

NOSSO LAR LLC

6220 S ORANGE BLOSSOM TRAIL, STE 600

ORLANDO, FL 32809

MBR

ALBINO TRAMONTINA

RUA PROF. FRANCISCO BASSETI JR, 351 #30

CURITIBA, PR 82025-280 BR

MBR

ALVERLY ASSOCIATES INC.

WICKHAMS CAY ROAD TOWN

TORTOLA, BRITISH VIRGIN ISLANDS

(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.

**ANY AND ALL LAWFUL BUSINESS. REFER TO OPERATING AGREEMENT**

**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.

GARY WEBSTER

Typed or printed name of signee

**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)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MBR

MBR

MBR

MBR

**Name and Address:**

HELOISA DOMINGUES REDWITZ

R JOSE IZIDORO BIAZETTO 845 BL 3 APT 403

CURITIBA, PR 81200-240 BR

RAFAEL REDWITZ

4B, BAZILLE BALARD 34000

MONTPELLIER, FRANCE

PRIMALITZ INVESTMENTS LLC

6722 BRIDGEWATER VILLAGE RD

WINDERMERE, FL 34786

NEW GENERATION HOUSES LLC

6769 MERRICK LANDING BLVD

WINDERMERE, FL 34786

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MBR

MBR

**Name and Address:**

BEATRIX INVESTMENTS LLC

6722 BRIDGEWATER VILLAGE RD

WINDERMERE, FL 34786

PARK NY INVESTMENT LTD.

1100 ABERNATHY RD NE 500 NORTHPARK

BUILDING STE 300 ATLANTA GA 30328