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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	-
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Windermere Gifted L.L.C. 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:
Lina Miller Name of Person
Windermere Gifted LLC. Firm/Company
11007 Schooner Way
Windermere FL 34786 City/State and Zip Code Windermere gifted@gmail.com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
LINA Miller at (407) 758-6366 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$ Certificate of Status S155.00 Filing Fee \$ Certificate Of Status Certificate Of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Windermere Gifted L.L.C.	
(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The moiling address and street address afthe main alock off. Address is the latest to the latest address and street address after main alock of the latest to the latest address and street address after main alock of the latest address and street address after main alock of the latest address and street address after main alock of the latest address and street address and street address and street address and street address after a second street address and stree	

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
11007 Schooner Way	11007 Schooner Way
Windermere FL 34786	Windermere FL 34786
	· · · · · · · · · · · · · · · · · · ·

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:

Lipal	Miller	
Nar	ne	
11007 Schoo	oner Wi	W
Florida street address (P.C	D. Box <u>NOT</u> acce	рнабіе)
Winderme	ce FL	34786
City	State 1	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 fosition as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Lina Miller
	11007 Schooner Way
	Winder Mere FL 34786
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ective date is listed, the date mu	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 da
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)