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NAME:

WINDWARD FUN, LLC

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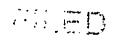
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COVER LETTER

TO:	New Filing S Division of C								
SUBJEC		d Fun, LLC							
SUBJEC	Name of Limited Liability Company								
The encl	osed Articles o	of Organization and	fee(s) are	submitted	for filing.				
Please re	turn all corresp	ondence concernir	ng this ma	tter to the I	ollowing:				
	Benjamin 1	Γ. DeMarsh							
				Name of	Person				
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	22 South Links Ave. Suite 300 Address								
	Sarasota, F	L 34236							
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	Raymond Sellers		94 at (400-7480				
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■\$125.0	0 Filing Fee	□\$130.00 Filing Certificate of St	g Fee & atus	Certifie	.00 Filing Fee & d Copy l 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2020 HOV 23 PH 12: 35

ARTICLE I - Name: The name of the Limited Liability	Company is:			SECRETARY OF STATE TALLAMADORE, FL	
Windward Fun, LLC					
(Must conta	in the words "Limite	d Liability Company	, "L.L.C.," or "LLC."))	
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Limite	d Liability Company is	s:	
Principal Office Address:			Mailing Address:		
4540 Gulf of Mexico I	Or. #206	454	4540 Gulf of Mexico Dr. #206		
Longboat Key, FL 342			ngboat Key, FL 34228		
ARTICLE III - Registered Agen					
(The Limited Liability Company c another business entity with an ac			You must designate a	n individual or	
The name and the Florida street ad	dress of the registere	rsh		_	
		Name			
	22 S. Links Ave., S	uite 300		_	
	Florida street addre	ss (P.O. Box <u>NOT</u> a	icceptable)		
	Sarasota	FL	34236	_	
	City	State	Zip		
laving been named as registered ag vlace designated in this certificate, I i urther agree to comply with the prov m familiar with and accept the oblig	hereby accept the appisions of all statutes traitions of my position	pointment as register relating to the proper	ed agent and agree to r and complete perforn us provided for in Cha	act in this capacity. I nance of my duties, and l	

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Raymond Sellers <u>MGR</u> 4540 Gulf of Mexico Dr. #206 Longboat Key, FL 34228 MGR Giampiero Di Guardo 191 Cottonwood Ln. Staunton, VA 24401 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 11/16/2020 . (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:

2 7

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.

Benjamin T. DeMarsh, Esq.

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)