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Ema	il Address:	
		s for this business entity to be used for fut .ngs. Enter only one email address please.**
i de Carlos de la constanta	46	
	Fax Number	: (800)354-3381
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	Account Number	: I20030000043
	Account Name	: GERALD WEINBERG, P.C.
From:		
	Fax Number	: (850)617-63,81
	Division of Cor	•
To:		

FLORIDA LIMITED LIABILITY CO. WINDSOR SK HOSPITALITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2022 MAR 14 PM 8: 50

AI	RTICLES OF ORGANIZATION	FORFLO	RIDA LIV	OTTED LIABILITY	TY COMPA	ANY	
ARTICLE I - Name The name of the Lim	: ited Liability Company is:						
WINDSOR SK HOSPITALI							
•	(Must end with the words "L	imited Lia	bility Co	mpany, "L.L.C.	.," or "LLC	C.")	
ARTICLE II - Address	ress: and street address of the princ	cipal office	of the L	imited Liability	/ Company	y is:	
Principal Office Ad	dress:	Mailing A	Address:				
516 8 DDGE HIGHWAY SU	JITE 325	(516 S DDGE	HIGHWAY SUITE	325		
WEST PAUM BEACH, FL 3	3401		WEST PALM	1 BEACH, FL 33401			
							
The name and the Flo	orida street address of the reg	istered age	ent arc:		 .		
	516 S DIXIE HIGHWAY SUITE 32	E					
	Florida street address (P.		<u>ЭТ</u> ассер	table)			
	WEST PALM BEACH		FL 33	401			
	City	:		Zip			
the place designa capacity. I further	as registered agent and to accept and this certificate, I hereby agree to comply with the provious I am familiar with and accept between Smills Registered Agent's	accept the disions of a the obliga Chapter (e appoints It statutes tions of n 605, F.S.,	ment as register relating to the ny postition as re	red agent d proper an	and agree to d complete p	act in this performanc
						1)+ 1 •	202

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Page 1 of 2

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Title:	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	KEVIN SMITH
•	616 S DIXIE HIGHWAY SUITE 325
	WEST PALM BEACH, FL 33401
AMBR	SAM CALDERBANK
	516 8 DINE HIGHWAY SUITE 325
	WEST PALM BEACH, FL 33401
•	
77	
ctive date is listed, the date must be of filing.)	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
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E V; Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Livit Smill Signature of a (In accordance with sections)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document
E V; Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sections titutes an affirmation and its sections and its sections.)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true.
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