L22000125329

	(Requestor's Name)	
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	(Document Number)	
Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer:	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

202 WINDWARI	D, LLC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
	J	L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
	·	Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Рһою Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
N	D	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam	e:
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The name of the Limited Liability Company is:

202 WINDWARD, 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: Mailing Address: 520 GULF BLVD. 520 GULF BLVD. BELLEAIR SHORES, FL 33786

BELLEAIR SHORES, FL 33786

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:	8 55.	.a a a	
ANNA MARIA C. CALLAS	Ĺ	HAR	+
Name		25	-33
520 GULF BLVD.	ا ر	HA	, ; *
Florida street address (P.O. Box NOT acceptable) -	- - - -	تفحيدان
BELLEAIR SHORES FL	33786	œ	
City State	7in		

Having been named as registered agent and to accept service of process for the above stated limited liability company c place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacit further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties 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 (REOUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR/AMBR	ANNA MARIA C. CALLAS 520 GULF BLVD. BELLEAIR SHORES. FL 33786	
AMBR	MARIA CALLAS 520 GULF BLVD. BELLEAIR SHORES. FL 33786	%
AMBR	CHRIS CALLAS 520 GULF BLVD. BELLEAIR SHORES, FL 33786	MAR 25 1H 11:
		a
EV: Effective date, if other than the dictive date is listed, the date must be filling.)	ate of filing:specific and cannot be more than five busines:	s days prior to or 90
EV: Effective date, if other than the dective date is listed, the date must be filling.) The date inserted in this block does not be detective date on the Department's effective date on the Department.	specific and cannot be more than five business of meet the applicable statutory filing requireme	. (OPTIONAL) s days prior to or 90
EV: Effective date, if other than the dective date is listed, the date must be filling.) the date inserted in this block does not nent's effective date on the Department. VI: Other provisions, if any.	specific and cannot be more than five business of meet the applicable statutory filing requireme	. (OPTIONAL) s days prior to or 90
ctive date is listed, the date must be filling.) the date inserted in this block does not ment's effective date on the Department's effective date on the Department's CVI: Other provisions, if any. LEOUIRED SIGNATURE: Signature of a This document is exectly am aware that any factoristitutes a third degree of the constitutes at the constitutes as the	specific and cannot be more than five business of meet the applicable statutory filing requireme	copyrional) s days prior to or 90 ents, this date will not a member. (b), Florida Statutes.

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-