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SECRETARY OF STATE

2022 FEB -8 PM 4: 03

W22-651



January 21, 2022

WINTERLINE CHARLES WINTERSTYLESSS LLC 1804 LAKE LORINE DRIVE ORLANDO, FL 32818

SUBJECT: WINTERSTYLESSS LLC

Ref. Number: W22000006517

We have received your document for WINTERSTYLESSS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE Regulatory Specialist II

Letter Number: 122A00001668

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## **COVER LETTER**

	ew Filing Sectivision of Cor				
SURIFCT	Winterstyle	sss LLC			
SOBJECT	•	Nam	e of Limited L	iability Company	
The enclos	ed Articles of	Organization and f	ee(s) are subm	itted for filing.	
Please retu	rn all correspo	ndence concerning	this matter to	the following:	
	Winterline C	harles			
			Nan	ne of Person	
	Winterstyles	ss LLC			
			Fir	n/Company	
	1804 Lake L	orine Drive			
			,	Address	
	Orlando, FL	32818			
	mantaleranche	erie@gmail.com	City/Sta	te and Zip Code	
•			be used for fut	ure annual report notifica	tion)
For further i	nformation co	ncerning this matte	r, please call:		
	Winterline Cl	narles	407 _at (	800-5096	
	Name	e of Person		de Daytime Telepho	ne Number
Enclosed i:	a a check for th	ic following amou	nu:		
回 <b>\$</b> 125.00	) Filing Fee	□\$130.00 Filing Certificate of St	atus C	3\$155.00 Filing Fee & errified Copy itional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	Distriction
		ling Section of Corporations		New Filing Section I The Centre of Tallat	
	P.O. B	ox 6327		2415 N. Monroe Str	
	Tallaha	issee FL 32314		Tallahassee FL 323	0.5

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Winterstylesss LLC				
(Must conat	in the words "Limited	l Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Lin	nited Liability Company is:	
<u>Principa</u>	Office Address:		Mailing Address:	
1804 Lake Lorine Dri	ve		1804 Lake Lorine Drive	
Orlando, Fl. 32818			Orlando, FL 32818	
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	cannot serve as its ow	n Registered Ag	Agent's Signature: ent. You must designate an individual o	or
The name and the Florida street a	ddress of the register	ed agent are:		
	Winterline Charles			
		Name		
	1804 Lake Lorine I	Drive		
	Florida street addre	ess (P.O. Box NC	OT acceptable)	
	Orlando	FL	32818	

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.

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

022 FEB -8 PM 4: 00

## ARTICLE IV-

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

AMBR  Winterline Charles 1804 Lake Lorine Drive Orlando, Fl. 32818  V: Effective date, if other than the date of filing: ive date is listed, the date must be specific and cannot be more than five business days prior to or 5 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will n nt's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.0203 (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.817.153. F.S.  Winterline Charles Typed or printed name of signee	AMBR" = Authorized M MGR" = Manager	vlember
AMBR  Winterline Charles 1804 Lake Lorine Drive Orlando, Fl. 32818  V: Effective date, if other than the date of filing: ive date is listed, the date must be specific and cannot be more than five business days prior to or 5 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will n nt's effective date on the Department of State's records.  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.0203 (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.817.153. F.S.  Winterline Charles Typed or printed name of signee	MGK" = Manager	
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