

**L22000414955**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.  
 Account Number : I20160000017  
 Phone : (855)498-5500  
 Fax Number : (855)498-5500

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**376 WINTERS ST LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 SEP 23 AM10:17

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 22 SEP 23 PM12:35  
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DocuSign Envelope ID: 473F1063-B775-468D-ABF3-54784C167B4E

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## COVER LETTER

**TO:** **New Filing Section**  
**Division of Corporations**

376 Winters St LLC

**SUBJECT:** \_\_\_\_\_  
 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:

Kendra Heinicke

Name of Person

Firm/Company

32121 Harborview Lane

Address

Westlake Village, CA 91361

City/State and Zip Code  
 kendrakh@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

376 W IN RS ST  
 Kendra Heinicke 805 707-4128  
 at ( ) 0

Name of Person	Area Code	Daytime Telephone Number
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APC	14	707-4128
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Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy <small>(additional copy is enclosed)</small>	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy <small>(additional copy is enclosed)</small>
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22 SEP 23 PM 12:35

FILED

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

376 Winters St 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:**

32121 Harborview Ln

westlake village, CA 91361

**Mailing Address:**

32121 Harborview Ln

westlake village, CA 91361

**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:

Capitol Corporate Services, Inc.

Name

515 E Park Ave., Floor 2

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City

State

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 position as registered agent as provided for in Chapter 605, F.S.

Taylor Seay, as Asst. Secretary on behalf of  
Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

22 SEP 23 PM 12:35

For the following reason: Asst. Secretary  
Title: Asst. Secretary RECEIVED RECORDED  
Certified RECEIVED RECORDED RECEIVED RECORDED  
(as of 9/23/2022 12:35 PM)  
(as of 9/23/2022 12:35 PM)

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Date of filing  
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Date  
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