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#### **COVER LETTER**

	ew Filing Sect ivision of Corp				
SUBJECT	. Windsor So	with LLC			
SUBJECT	•	Name of Lin	nited Liabili	ty Company	
The enclos	ed Articles of	Organization and fee(s) a	e submitted	for filing.	
Please retu	m all correspo	ndence concerning this m	atter to the fo	ollowing:	
	D Abernathy				
			Name of	Person	
	Ortick, Herri	ngton & Sutcliffe LLP			
		•	Firm/Co	npany	
	400 Capitol 1	Mall, Suite 3000			
			Addre	ess	
	Sacramento,				
	da	bernathy@orrick.co	City/State and	I Zip Code	
	E	E-mail address: (to be use	d for future a	nnual report notificati	on)
For further	information co	ncerning this matter, plea	se call:		
	Deborah Abo		916	329-7954 )	<u></u>
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the	he following amount:			
□\$125.0	0 Filing Fce	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al 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

## **CT CORP**

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	03/21/2023	- w: DW
		Acc#I20160000072	4: ( ) = W
Name:	Windsor So	outh LLC	
Document #:			
Order #:	14846786	- 1	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing:	Certified Plain: COGS:	d: 🗸	Email Address for Annual Report Notifications:  dabernathy@orrick.com
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount	:\$ 155.00	

Thank you!

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Windsor South LLC	<del> </del>		1.0.0	
(Must contai	in the words "Limited	Liability Company, "l	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	office of the Limited L	iability Company is:	
<u>Principal</u>	l Office Address:		Mailing Addre	<u>:ss</u> :
Fransche Bloemweg 4			che Bloemweg 4	
Willemstad, Curação,	Dutch Caribbean	Willer	nstad, Curação, Dutch C	aribbean
	. <u> </u>			<del></del>
ARTICLE III - Registered Ager	nt, Registered Office,	& Registered Agent	's Signature:	inidual or
(The Limited Liability Company of another business entity with an ac			ou must designate an moi	ividai oi
•	J	•		
	eenn ree			S
The name and the Florida street a	ddress of the registered	d agent are:		2023 SEC TA
The name and the Florida street a	ddress of the registered	stem		2023 MA SECRE TALL
The name and the Florida street a	_	-		2023 MAR 2 SECRETAL TALLAD
The name and the Florida street a	_	Name		2023 MAR 21 SEGRETARY TALLAHAS
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The name and the Florida street a	C T Corporation Sys	stem Name and Road	eptable) 33324	2023 MAR 21 AM 11 SECRETARY OF ST TALLAUASSEE, P
The name and the Florida street a	C T Corporation Sys	name  Name and Road ss (P.O. Box <u>NOT</u> acc	,	2023 MAR 21 AM 11: 16 SECRETARY OF STATE
	C T Corporation Sys  1200 South Pine Isla Florida street address  Plantation  City	Name  Name  and Road  ss (P.O. Box <u>NOT</u> acc  Florida  State	33324 Zip	2023 MAR 21 AM 11: 16 SECKETARY OF STATE and the
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Having been named as registered a place designated in this certificate, further agree to comply with the pr	CT Corporation Sys  1200 South Pine Isla Florida street addres  Plantation  City  I hereby accept the appositions of all statutes of	Name  and Road  ss (P.O. Box NOT acc  Florida  State  vice of process for the acc  pointment as registered relating to the proper a	33324 Zip ubove stated limited liabil fagent and agree to act in and complete performance	ity company at the n this capacity. I e of my duties, and I
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(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Grey Rock Holdings LLC	
<u> </u>	Fransche Bloemweg 4	
	Willemstad, Curação, Dutch Caribbean	
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(Use attachment if necessary)	جزائم	•
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I F V. Effective data if other than the dat	of filing: OPTIONAL)	16
LE V: Effective date, if other than the dat	te of filing: (OPTIONAL)	5 5 r 90 days
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REQUIRED SIGNATURE:  Signature of an This document is exect I am aware that any fal constitutes a third degr	meet the applicable statutory filing requirements, this date will at of State's records.  nember of an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Status information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	l not be li
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\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-