# L23000426317

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900414461639

ALLAHASSEE, FLORD

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CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 09/07/23 Order #: 1262657-1

Re: 2515 Windsor Way Court, LLC

Processing Method: Routine

### TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

**AUTH** 

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.



September 8, 2023

CSC

SUBJECT: 2515 WINDSOR WAY COURT, LLC

Ref. Number: W23000121973

Please give original submission date as file date

We have received your document for 2515 WINDSOR WAY COURT, LLC. However, the document has not been filed and is being returned for the following:

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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

KAIN COSTELLO Regulatory Specialist II New Filing Section

Letter Number: 623A00020682

ALLAHASSEEL FLOOR

## COVER LETTER

	New Filing Sec Division of Co							
SUBJEC		DSOR WAY COURT, LI	.c					
SOBJEC	·•• <u> </u>	Name of Li	mited Liabil	ity Company				
The enclo	osed Articles of	Organization and fee(s) a	re submitted	for filing.				
Please re	turn all corresp	ondence concerning this m	atter to the	following:				
	Maria Guard	ducci, Paralegal						
			Name of	Person				
	Stern Kilcul	len & Rufolo, LLC						
			Firm/Co	mpany				
	325 Columbia Tpke, Ste 110							
	-		Addr	ess				
	Florham Pai	rk, New Jersey 07932						
	mguarducci@		City/State an	d Zip Code	<del></del>			
		E-mail address: (to be used	d for future a	nnual report notificat	ion)			
For further	information co	oncerning this matter, pleas	se call:					
	Maria Guarducci		773	535-1900				
<del></del>			Daytime Telephon	e Number				
Enclosed	is a check for t	he following amount:						
<b>□\$</b> 125.0	00 Filing Fee	□\$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)			
		ng Address		Street Address				
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				New Filing Section Di The Centre of Tallahi				
			2415 N. Monroe Street, Suite 810					
				Tallahassee, FL 3230				

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:					
	2515 WINDSO	R WAY COU	.T. LLC			
(Must conati	n the words "Limited Lia					
ARTICLE II - Address: The mailing address and street add	ress of the principal offic	ce of the Limite	d Liability Company is:			
Principal Office Address:			Mailing Address:			
104 Village Road		10	104 Village Road, P.O. Box 192			
New Vernon, New Jerr	sey 07976		New Vernon, New Jersey 07976			
	Name  7108 Fairway Drive, Suite 123  Florida street address (P.O. Box NOT acceptable)					
	Palm Beach Gardens	FL	33418			
	City	State	Zip			
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro- am familiar with and accept the oblig	hereby accept the appoin visions of all statutes relat gations of my position as Corporation Service By	tment as registe ting to the proper registered agen Company	red agent and agree to act in this ca r and complete performance of my (	pacity. I duties, and I		

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR Manager	William M. Kearns, III  104 Village Road, P.O. Box 192  New Vernon, New Jersey 07976
	- The World Control of the Control o
(Use attachment if necessary)	
If an effective date is listed, the date must be specific he date of filing.)	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90 days after t the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of S	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Signature of a memb	per or an authorized representative of a member.

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (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.817.155, F.S.

Kevin M. Kilcullen, Esq., Authorized Representative

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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