

L07000006530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

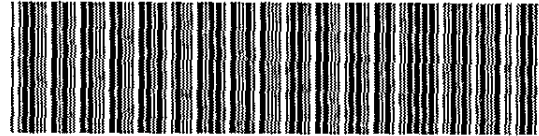
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400084557074

01/17/07--01017--013 \*\*155.00

FILED  
07 JAN 17 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4/2007 3:12 PM FROM: Fax incorpervices TO: #1 (316) 613-2001 PAGE: 004 OF 006

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: PRAIRIE WINDS, LLC  
(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:

TR MCLEMORE  
(Name of Person)  
TR MCLEMORE LAW OFFICE  
(Firm/Company)  
301 N. MARKET  
(Address)  
WICHITA, KS 67202  
(City/State and Zip Code)

For further information concerning this matter, please call:

TR MCLEMORE at (316) 613-2000  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

1/4/2007 3:12 PM FROM: Fax incorporation TO: +1 (316) 613-2001 PAGE: 005 OF 006

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prairie Winds, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

% TR MCLEMORE LAW OFFICE  
301 N. MARKET  
WICHITA, KS 67202

SAME

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:

Incomp Services, Inc.

Name

17888 WTH Court North

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

Loxahatchee, FL 33470

City, State, and Zip

FILED  
07 JAN 17 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 608, F.S.

Sarah Wilson on behalf of Incomp Services, Inc.  
Registered Agent's Signature (REQUIRED)

1/4/2007 3:12 PM FROM: Fax incorpservices TO: +1 (316) 613-2001 PAGE: 006 OF 006

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

TR MCLEMORE  
301 N. MARKET  
WICHITA KS 67202

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

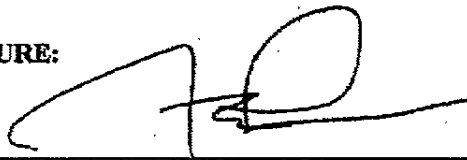
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

TR MCLEMORE MANAGER  
Typed or printed name of signee

FILED  
07 JAN 17 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)