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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

JUN 11 2009

From: Account Name : CSH SERVICES, LLC
Account Number : 120370000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PACIFIC WIND ENTERPRISES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

PACIFIC WIND ENTERPRISES, LLC

ARTICLE II ADDRESS

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

PLAZA COLONIAL, OFICINA 217A
ESCAZU, COSTA RICA

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

DEPT. 8-SJO, PO BOX 025216
MIAMI, FLORIDA 33102-5216

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FLORIDA 33411

Having been named as registered agent 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.

x Imari Maki, Tina Maki President
A1A REGISTERED AGENT INC. / Registered Agent's signature

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PAGE 2

PACIFIC WIND ENTERPRISES, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

NORMAN BARR

DEPT. 8-SJO, PO BOX 025216

MIAMI, FLORIDA 33102-5216

MANAGING MEMBER

JANET EMPEY

DEPT. 8-SJO, PO BOX 025216

MIAMI, FLORIDA 33102-5216

.....

X 

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.

NORMAN BARR

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