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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

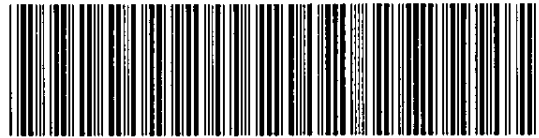
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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THU 03/28/2016
10:00 AM
STATE OF ARIZONA
DEPARTMENT OF REVENUE

MAR 28 2016

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wind Catastrophe Data, 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:

Travis Miller

Name of Person

Radey Law Firm

Firm/Company

301 S Bronough Street, Suite 200

Address

Tallahassee, FL 32301

City/State and Zip Code

tmiller@radeylaw.com

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

For further information concerning this matter, please call:

Travis Miller at (850) 425-6654
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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
WIND CATASTROPHE DATA, LLC**

The undersigned authorized representative of one or more members, for the purpose of forming a limited liability company ("Company") pursuant to the Laws of the State of Florida, and particularly Chapter 605, Florida Statutes, hereby submits the following Articles of Organization:

Article 1
Name

The name of the Company shall be Wind Catastrophe Data, LLC. These Articles of Organization may be referred to as the "Articles," and the Operating Agreement of the Company may be referred to as the "Operating Agreement."

Article 2
Office

The mailing address and address of the initial principal office of the Company shall be 500 East Broward Blvd., Suite 1820, Ft. Lauderdale, FL 33394. The Company may designate such alternate place of business according to procedures for Company action as set forth in its Operating Agreement. Books and records of the Company shall be kept at its principal office or at such other place as may be permitted by law.

Article 3
Purpose

The Company is organized to engage in any and all business permitted under the Laws of Florida and other jurisdictions.

Article 4
Powers

The Company shall have all of the common law and statutory powers of a limited liability company under the Laws of Florida, except as expressly limited or restricted by the terms of these Articles or the Operating Agreement, and all of the powers and duties reasonably necessary to operate the Company pursuant to the Operating Agreement, as it may be amended from time to time.

Article 5
Term of Existence

The Company shall have perpetual existence.

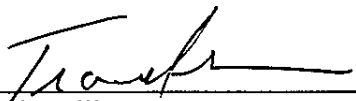
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FILED
CLERK OF DISTRICT COURT
JANUARY 2016

Article 6
Initial Registered Office; Name and Address of Registered Agent

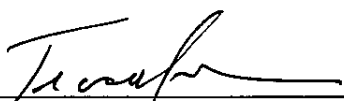
The initial registered agent of the Company is Travis Miller and the address of the initial registered office of the registered agent is 301 South Bronough Street, Suite 200, Tallahassee, Florida 32301.

Having been named as Registered Agent and to accept Service of Process for the above stated limited liability company at the place designated in these Articles of Organization, 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, Florida Statutes.



Travis Miller
Registered Agent

In witness whereof, the undersigned authorized representative of the members has affixed his signature this 28th day of March, 2016.

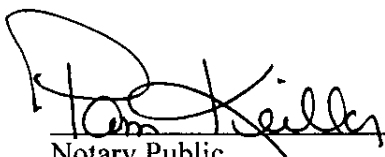


Travis L. Miller
Authorized Member Representative

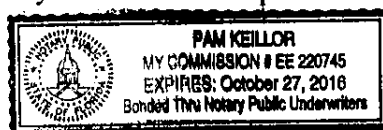
STATE OF FLORIDA
COUNTY OF LEON

I hereby certify that on this day personally appeared before me, the undersigned authority, **TRAVIS MILLER**, to me personally known, and known to me to be the person who executed the foregoing instrument, and acknowledged before me that he executed the same freely and voluntarily for uses and purposes therein set forth.

In witness whereof, I have set my hand and official seal this 28th day of March, 2016.



Notary Public
My Commission Expires:



16 MAR 28 PM 2:37

FILED
MAR 28 2016
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT