

L03000005093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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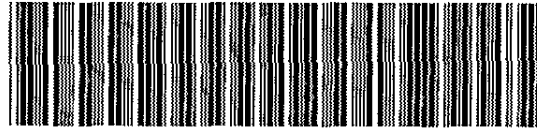
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J BRYAN FEB 11 2003



ACCOUNT NO. : 072100000032

REFERENCE : 925789 7358629

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 155.00

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2003 FEB 11 PM 2:06  
SECRETARY OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ORDER DATE : February 11, 2003

ORDER TIME : 10:43 AM

ORDER NO. : 925789-005

CUSTOMER NO: 7358629

CUSTOMER: Mr. Jason Smith  
Tropic Wash, LLC

4300 Nw 27th Street

Cape Coral, FL 33993

DOMESTIC FILING

NAME: SEMINOLE WIND HOLDINGS, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - EXT. 1147

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SEMINOLE WIND HOLDINGS, LLC

**ARTICLE II - Address:**

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

4300 Northwest 27th Street, Cape Coral, FL 33993

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

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

Jason Smith  
 Name  
  
4300 Northwest 27th Street  
 Florida street address (P.O. Box **NOT** acceptable)  
  
Cape Coral FL 33993  
 City, State, and Zip

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 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.*

By: Jason Smith  
 Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Deborah D. Skipper  
 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.)

Deborah D. Skipper  
 Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

MANAGING MANAGERS OF:  
SEMINOLE WIND HOLDINGS, LLC

Jason Smith  
4300 Northwest 27th Street  
Cape Coral, FL 33993

Kevin Campbell  
10791 Orange River Blvd.  
Ft. Myers, FL 33903

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TALLAHASSEE, FLORIDA

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of SEMINOLE WIND HOLDINGS, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

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CORPORATIONS  
TALLAHASSEE, FLORIDA

This Limited Power of Attorney is executed on this 10 day of Feb., 2003

  
Signature

JASON SMITH

Print Name of Signer

WITNESS:

  
Signature

RYAN ALBERT SMITH

Print Name of Witness

WITNESS:

  
Signature

KEVIN CAMPBELL

Print Name of Witness