

W4000035949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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05/11/04--01006--014 **25.00

04/22/04--01031--015 **100.00

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MAY 11 2004
FLORENCE, FLORIDA

MAY 11 2004 9:55

W4-35949
OK



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 29, 2004

SILVANUS WILLIAMS
825 NORTH FRANKFORT AVENUE
DELAND, FL 32724

SUBJECT: DELAND WIND TUNNEL LLC
Ref. Number: W04000016581

We have received your document for DELAND WIND TUNNEL LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 404A00029075

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DeLand Wind Tunnel 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:

Silvanus Williams
(Name of Person)

DeLand Wind Tunnel LLC
(Firm/Company)

825 North Frankfort Avenue
(Address)

DeLand, FL 32724
(City/State and Zip Code)

For further information concerning this matter, please call:

Silvanus Williams at (386) 734-3720
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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CLERK OF THE
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06 MAY 11 AM 9:55

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DeLand Wind Tunnel LLC

ARTICLE II - Address:

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

Principal Office Address:

825 North Frankfort Avenue

DeLand, FL 32724

Mailing Address:

825 North Frankfort Avenue

DeLand, FL 32724

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

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

Silvanus Williams

Name

825 North Frankfort Avenue

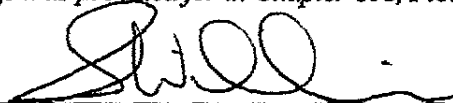
Florida street address (P.O. Box **NOT** acceptable)

DeLand, FL 32724

FLORIDA

City, State, and Zip

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, Florida Statutes..



Registered Agent's Signature

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:

MGRM Silvanus Williams

825 North Frankfort Avenue

DeLand, FL 32724

MGRM Robert C. Hall

2970 North Shell Road

DeLand, FL 32720

MGRM Jim Goempel

19646 Spring Oak Drive

Eustis, FL 32736

MGRM Kurt Gaebel

1100 Biscayne Boulevard

DeLand, FL 32724

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Silvanus James Williams

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAY 11 AM 9:55

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