

W4000050097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

Special Instructions to Filing Officer:

7/2 FLCC

CC9WS

Office Use Only



100038346691

07/02/04--01009--015 **160.00

h994-0

07/02/04 01:00:00

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wind Dancer 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:

Diane Powers
(Name of Person)

Wind Dancer LLC
(Firm/Company)

588 Branscomb Rd.
(Address)

Green Cove Springs, FL 32043
(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Powers at (904) 291-0325
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wind Dancer LLC

ARTICLE II - Address:

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

Principal Office Address:

588 Branscomb Rd
Green Cove Springs FL 32043

Mailing Address:

588 Branscomb Rd
Green Cove Springs, FL 32043

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

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

Diane Powers
Name

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

Green Cove Springs FL 32043
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, F.S..

Diane M Powers
Registered Agent's Signature

(CONTINUED)

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

Diane Powers
588 Branscomb Rd
Green Cove Springs, FL 32043

MGRM

Eugene Powers
588 Branscomb Rd
Green Cove Springs, FL 32043

(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.)

Diane M. Powers
Typed or printed name of signer

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)