

L04000069751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W04-31726

676

Office Use Only



900040158319

08/19/04--01037--012 \*\*100.00

09/17/04--01087--011 \*\*25.00

STATE OF CALIFORNIA  
DIVISION OF CORPORATIONS  
04 SEP 20 AM 10:59



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 27, 2004

BATSY CAMPASANO  
P.O. BOX 98  
FREEPORT, FL 32439

SUBJECT: WINDSWEPT BUILDERS LLC  
Ref. Number: W04000031726

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

There is a balance due of \$25.00.

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) 245-6890.

Jason Merrick  
Document Specialist

Letter Number: 804A00051297

04 SEP 20 AM 10:59  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Windswept Builders 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:

Betsy Camposano  
(Name of Person)

Windswept Builders, LLC  
(Firm/Company)

P.O. Box 98  
(Address)

Freeport FL 32439  
(City/State and Zip Code)

For further information concerning this matter, please call:

Betsy Camposano at (850) 835-1362  
(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

04 SEP 20 AM 11:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Windswept Builders LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

19 Club House Dr.  
Freeport, FL 32439

**Mailing Address:**

P.O. Box 98  
Freeport, FL 32439

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

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

Betsy Camposano  
Name

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

DeFuniak Springs FLORIDA 32435  
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..

Betsy Camposano  
Registered Agent's Signature

04 SEP 20  
DIVISION OF CORPORATE & FINANCIAL SERVICES  
STATE OF FLORIDA

**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:**

MGR

JAMES C. HARMAN  
717 COUNTRY CLUB DR  
DE FUNDIA SPRINGS, FL 32035

MGRM

Daniel P. Smith  
P.O. Box 98  
Freeport, FL 32439

MGR

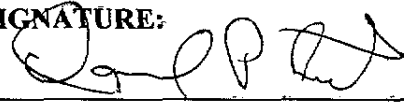
Mark D. Hayhurst  
P.O. Box 98  
Freeport, FL 32439

MGR

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

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.)

Daniel P. Smith  
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)

04 SEP 20 AM 11:00  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS