

U05000001712

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000003529 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : SHAPIRO & ADAMS, P.A.
Account Number : I19990000101
Phone : (561) 691-0059
Fax Number : (561) 691-0066

RECEIVED
05 JAN -5 AM 8:10
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Wind On Leader, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
2005 JAN -5 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

JAN-05-2005 17:28
JAN-04-2005 11:50

(H05000003529 3)

P.02/03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

WIND ON LEADER, LLC

ARTICLE II - Address:

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

Principal Office Address:

146 HAMPTON PLACE
JUPITER FL 33458

Mailing Address:

146 HAMPTON PLACE
JUPITER FL 33458

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

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

BILL (WILLIAM) LUTCH
Name

146 HAMPTON PLACE
Florida street address (P.O. Box ~~NOT~~ acceptable)
JUPITER FL 33458
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.

William Lutch
Registered Agent's Signature

FILED
JAN 5 AM 8:36
TALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 2

(H05000003529 3)

JAN-05-2005 17:29

P.03/03

JAN-04-2005 11:50

(H05000003529 3)

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

WILLIAM LITCH
146 HAMPTON PLACE
JUPITER FL 33450

MGRM

LAURA LITCH
146 HAMPTON PLACE
JUPITER FL 33450

(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.)

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JAN -5 AM 8:36

FILED

TOTAL P.03

(H05000003529 3)

TOTAL P.03