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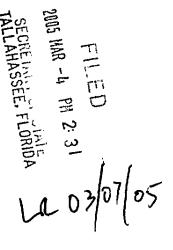
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#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: PRAIRIE WIND, 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:		
(Name of Person)		
(Name of Person)		
Lynne Walder, P.A.		
(Firm/Company)		
777 S. HARBOUR ISLAND BLVD, #128		
TAMFA, FL 33602  (City/State and Zip Code)  For further information concerning this matter, please call:  Lynne Walder  (Name of Person)  (Area Code & Daytime Telephone Number)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
For further information concerning this matter, please call:  Walder  (Name of Person)  Area Code & Daytime Telephone Number)		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee Status Status Status Status Status Certificate of Status Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)		
STREET ADDRESS: - MAILING ADDRESS: Registration Section Registration Section		
Division of Corporations Division of Corporations		
409 E. Gaines Street P.O. Box 6327 Tallahassee, Florida 32399 Tallahassee, Florida 32314		
COPY OF ARTICLES & ENVELOPE enclosed for		
return of Stamped copy to above named.		
Thank You.		

#### ARTICLES OF ORGANIZATION OF PRAIRIE WIND, LLC

#### ARTICLE I NAME

The name of the Limited Liability Company is PRAIRIE WIND, LLC.

### ARTICLE II ADDRESS

The mailing address of the Limited Liability Company's principal office is 928 Harbour House Road S. Indian Rocks Beach, FL 33785.

The street address of the Limited Liability Company's principle office is Harbour Hous Indian Rocks Beach, FL 33785.

ARTICLE III DURATION

The period of duration for the Limited Liability Company shall be perpetual.

## ARTICLE IV REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida Address of the Registered Agent are:

LYNNE WALDER 777 S. HARBOUR ISLAND BLVD. SUITE 128 TAMPA, FL 33602

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.

Lynne Walder

#### ARTICLE V MANAGING MEMBER

The name and the address of each managing member is as follows:

Managing Member

Deborah R. Bloome

Deborah R. Bloome

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Deborah R. Bloome Printed name of signee