### 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.

(((H050000672073)))

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 : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number

: (516)935-3088

### LIMITED LIABILITY COMPANY

Tradewinds Mobile RV Repair, L.L.C.

Certificate of Status	i
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu.

Corporate Filing.

Public Access Help

J. BRYAN MAR 1 8 2005

JIVISION OF CORPORATION

# ARTICLES OF ORGANIZATION FOR

H05000067207

### FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Company is:	Tradewinds Mobile RV Repair, L.L.C.
ARTICLE II - Address The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
165 Northeast 749 Street	165 Northeast 749 Street
Old Town, FL 32680	Old Town, FL 32680
	ν <sub>ω</sub>
The name and Florida street address of the regist	sistered Office & Registered Agent's Signature tered agent are:
<del></del>	Name
16	5 Northeast 749 Street
	(P.O. Box or Mail Drop Box NOT Acceptable)
	ld Town, FL 32680 (City / State / Zip)
at the place designated in this certificate, I he capacity. I further agree to comply with the p	to accept service of process for the above stated limited liability company ereby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance ept the obligations of my position as registered agent as provided for in

Registered Agent's Signature - Bee O'Neil

## ARTICLE IV - Manager(s) or Managing Member(s): H05000067207 The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR"=Manager "MGRM"=Managing Member Bee O'Neil - 165 Northeast 749 Street, Old Town, FL 32680 MGRM (Use attachment if necessary) REQUIRED SIGNATURE: Signature of a member or 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.) Bee O'Neil

Typed or printed name of signee