

L05000086213

(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:

*[Handwritten Signature]*

Office Use Only



700059002807

**FILED**  
05 AUG 31 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RECEIVED**  
05 AUG 31 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 572893 81034A

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED  
05 AUG 31 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : August 31, 2005

ORDER TIME : 11:30 AM

ORDER NO. : 572893-005

CUSTOMER NO: 81034A

CUSTOMER: Michael W. Mead, Esq  
Michael Wm. Mead, Esq

P. O. Drawer 1329

Fort Walton Bea, FL 32549-1329

DOMESTIC FILING

NAME: FOUR WINDS DEVELOPERS, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
FOUR WINDS DEVELOPERS, LLC**

**FILED**  
05 AUG 31 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I ~ Name**

The name of the limited liability company shall be FOUR WINDS DEVELOPERS, LLC.

**ARTICLE II ~ Address**

The street address of the principal office of the Limited Liability Company shall be 786 N. Beal Parkway, Suite 1B, Fort Walton Beach, Okaloosa County, Florida 32547, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

The mailing address for the Limited Liability Company shall be the same.

**ARTICLE III ~ Registered Agent, Registered Office  
& Registered Agent's Signature**

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

Michael Wm Mead, P.A.  
24 Walter Martin Road, Suite 3  
Post Office Drawer 1329  
Fort Walton Beach, FL 32549-1329

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

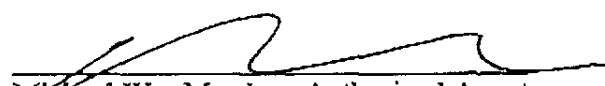
all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

  
Michael Wm Mead  
Registered Agent's Signature

**ARTICLE IV ~ Management**

This Limited Liability Company is a member-managed company.

☒ This Limited Liability Company is a manager-managed company.

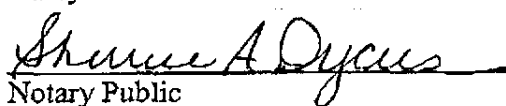
  
Michael Wm Mead, as Authorized Agent

In accordance with §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.

  
8.26.05  
Date signed

STATE OF FLORIDA  
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 26<sup>th</sup> day of August, 2005 by Michael Wm Mead, who is personally known to me.

  
Notary Public  
My Commission Expires:

