

Sent By: DANIEL HICKS P.A.;

352 351 8054

sep-09-05 1:38PM;

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Division of Corporations

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

From:

Account Name : DANIEL HICKS, P.A.  
Account Number : 075061003325  
Phone : (352)351-3353  
Fax Number : (352)351-8054

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Winddrop Disaster Services, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

FILED  
SEP 12 2005  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
OF  
WINDDROP DISASTER SERVICES, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 808, Florida Statutes, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I  
NAME

The name of the limited liability company shall be WINDDROP DISASTER SERVICES, L.L.C., ("Company"). The principal office and mailing address of the Company in Florida shall be 6726 NW 54<sup>th</sup> Loop, Ocala, Florida 34482.

ARTICLE II

This is a single member Limited Liability Company, to be managed by the Member, the single Member is Timothy C. Thomas, who address is 6726 NW 54<sup>th</sup> Loop, Ocala, Florida 34482.

ARTICLE III  
PURPOSES AND POWERS

The general purpose for which the Company is organized is to conduct any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE IV  
REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is Timothy C. Thomas, 6726 NW 54<sup>th</sup> Loop, Ocala, Florida 34482.

ARTICLE V  
CAPITAL CONTRIBUTIONS

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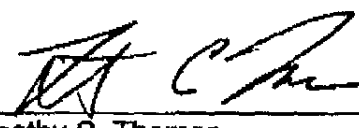
The Member of the Company shall contribute to the capital of the Company the cash or property set forth as follows:

<u>NAME</u>	<u>CAPITAL CONTRIBUTION</u>	<u>%</u>	<u>Membership Units</u>
Timothy C. Thomas	\$1000.00	100%	100

ARTICLE VI  
TERMINATION OF EXISTENCE (CONTINUITY OF LIFE)

The company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the Member.

IN WITNESS WHEREOF, the undersigned organizer have made and subscribed these Articles of Organization at Ocala, Florida, for the foregoing uses and purposes this 9<sup>th</sup> day of September, 2005.

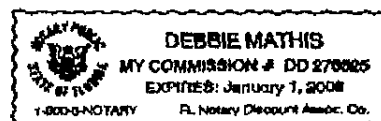
  
Timothy C. Thomas

STATE OF FLORIDA  
COUNTY OF MARION

Before me, personally appeared, Timothy C. Thomas, to me well known and known to me to be the person described in and who executed the foregoing Articles of Organization and acknowledged to and before me that he executed said instrument for the purposes therein expressed, and that he is personally known to me or has produced FL Driver License as identification.

WITNESS my hand and official seal this 9<sup>th</sup> day of September, 2005.

  
Notary Public, State of Florida



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ACCEPTANCE OF REGISTERED AGENT

I, the undersigned person, having been named as registered agent and to accept services of process for the above-stated limited liability company at the place designated in this statement, 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 obligation of my position as registered agent.

Dated, this 9<sup>th</sup> day of September, 2005.



Timothy C. Thomas

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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name and address of the limited liability company is WINDDROP DISASTER SERVICES, L.L.C., 6726 NW 54<sup>th</sup> Loop, Ocala, Florida 34482.

2. The name and address of the registered agent and office is: Timothy C. Thomas, 6726 NW 54<sup>th</sup> Loop, Ocala, Florida 34482.

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.



Timothy C. Thomas

September 9<sup>th</sup>, 2005

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