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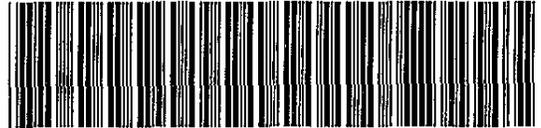
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TALLAHASSEE FLORIDA

M. HODGES

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**SUBJECT: South Winds Enterprises LLC**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shari M. Meier

South Winds Enterprises, LLC

1108 SE 39<sup>th</sup> Terrace

Cape Coral, FL 33904

For further information concerning this matter, please call:

Shari M. Meier at (239) 910-5380

Sincerely,

  
Shari M. Meier

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TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

South Winds Enterprises LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1108 SE 39<sup>th</sup> Terrace  
Cape Coral, FL 33904

**Mailing Address:**

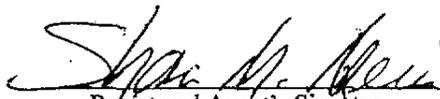
1108 SE 39<sup>th</sup> Terrace  
Cape Coral, FL 33904

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

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

Shari M. Meier  
1108 SE 39<sup>th</sup> Terrace  
Cape Coral, FL 33904

*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, Florida Statutes..*

  
Registered Agent's Signature

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**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:**

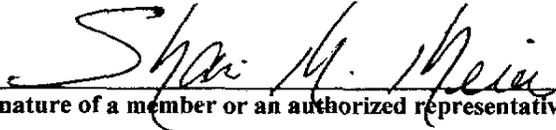
MGRM

Shari M. Meier  
1108 SE 39<sup>th</sup> Terrace  
Cape Coral, FL 33904

**ARTICLE V- Effective date:**

The effective date of this organization shall be September 9, 2005.

**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.)

Shari M. Meier

Typed or printed name of signee

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