# L0900005a158

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Chapial Instruction	

Special Instructions to Filing Officer:

A. LUNT

MAY 29 2009

**EXAMINER** 

Office Use Only



000156039130

05/28/09--01022--007 \*\*130.00

SEGREDARY OF STATE ALLAHASSEE, FLORIDA

Town for

# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	CT: Wind Mitigation Consultants "LLC"	
	Name of Limited Liability Company	<del></del>
The encl	losed Articles of Organization and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	Douglas E, Landers	
_	Name of Person	
	Wind Mitigation Consultants "LLC"	= 2
_	Firm/Company	2009 HAY
	10268 Boca circle	
_	Address	28
	Naples, Florida 34109	PAR PAR
	City/State and Zip Code	PHIZ: 34 OF SIMIE E. FLORID
	isuitu@comcast.net	Um F
For furth	E-mail address: (to be used for future annual report notification)  er information concerning this matter, please call:	
	Douglas E. Landers <sub>at (</sub> 239 ) 777-9857	
	Name of Person Area Code & Daytime Telephone Number	<del></del>
Enclose	d is a check for the following amount:	
]\$125.0 <sup>6</sup>	O Filing Fee \$\sum \$\subset\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subset\$\$\subs	of Status &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
Wind Mitigation C	Consultants "LLC"	
	Liability Company," "L.L.C.," or "LLC.")	•
ARTICLE II - Address:		
The mailing address and street address of th	e principal office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
10268 Boca Circle	10268 Boca Circle	_
Naples, Florida 34109	Naples, Florida 34109	- -
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own Fusiness entity with an active Florida registration.)	ered Office, & Registered Agent's Signat Registered Agent. You must designate an individual or an	ure: bther 2009 HAY
The name and the Florida street address of t	he registered agent are:	
Douglas	E. Landers	n N
Na	ame Ti	PH 12: 34
10268 8	Boca Circle	5 C
Florida street address (	P.O. Box NOT acceptable)	မျှ
Naples, Florida 341	09 <sub>FL</sub>	4-
City, Sta	te, and Zip	
** • *		

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..

Registered Agent's Signature (REOUIRED)

(CONTINUED)

### Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"NACLD" $\equiv N f \circ n$	anar	Name and Address:	
"MGR" = Man. "MGRM" = Ma	anaging Member		
"MGRM"		5 . 5	
MGRM		Douglas E Landers	
		10268 Boca Circle	<del></del>
		Naples, Florida 34109	
		, man	4
	<del></del>	<u> </u>	
		in the state of th	
		ĺ.	28
	· · · · · ·	-	11 - <del>- 1</del>
		******	PHIZ: 3
			<u> </u>
			골골 <b>쇼</b>
			3-4
			<del></del>
(Use attachmen	t if necessary)		
	• ,		
LE V: Effective	e date, if other than the d	ate of filing: June 1, 2009 (C	
LE V: Effective fective date is l	e date, if other than the disted, the date must be	ate of filing: June 1, 2009 (C	
LE V: Effective	e date, if other than the disted, the date must be		
LE V: Effective fective date is led	e date, if other than the d isted, the date must be s date of filing.)		
LE V: Effective fective date is l	e date, if other than the d isted, the date must be s date of filing.)		
LE V: Effective fective date is led	e date, if other than the d isted, the date must be s date of filing.)		
LE V: Effective fective date is led	e date, if other than the disted, the date must be sdate of filing.)  IGNATURE:	specific and cannot be more than five bus $ \sum_{k=1}^{\infty} \mathcal{E}_{k} = \int_{-\infty}^{\infty} dx $	
LE V: Effective fective date is led	e date, if other than the disted, the date must be sdate of filing.)  IGNATURE:		
LE V: Effective fective date is led	e date, if other than the disted, the date must be sdate of filing.)  IGNATURE:  Signature of a member of the state of the	or an authorized representative of a member.	
LE V: Effective fective date is led	e date, if other than the disted, the date must be state of filing.)  IGNATURE:  Signature of a member of this document constitution.	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution on the same an affirmation under the penalties of perjury	
LE V: Effective fective date is le days after the	e date, if other than the disted, the date must be state of filing.)  IGNATURE:  Signature of a member of this document constituted the facts stated herei	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution on the same an affirmation under the penalties of perjury	

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)