Division of Corporations 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.

(((H10000125048 3)))



H100001250483ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this pooling so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617 -6383

From:

Account Name : FOWLER WHITE BURNETT P.A.

Account Number : 071250001512 Phone : (305)789 -9200 Fax Number : (305)789 -9201

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: jrodman@fowler-white.com

RECEIVED
OMAY 27 AM 6: 27
ECRETARY OF STATE
LAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO. GOOD WIND ELEUTHERA HOLDINGS, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

S. HAWKES

MAY 2 8 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

Audit No. H10000125048 3

ARTICLES OF ORGANIZATION

OF

GOOD WIND ELEUTHERA HOLDINGS, LLC



ARTICLE I

The name of the limited liability company formed hereby is GOOD WIND ELEUTHERA HOLDINGS, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

4021 Kiaora Street Coconut Grove Miami, Florida 33133

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

John C. Strickroot, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

Audit No. H₁₀₀₀₀₁₂₅₀₄₈ 3

Audit No. H 10000125048 3

ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of initial Manager is:

David P. Goodman 4021 Kiaora Street Coconut Grove Miami, Florida 33133

John C Strickroot,

as Authorized Representative of the Member

| STATE OF FLORIDA |) |
|--|---|
| COUNTY OF MIAMI-DADE |)) |
| Member, who is personally known as identification, to be the | ared John C. Strickroot, as Authorized Representative of the wn to me, or who produced he person who executed the foregoing Articles of Organization. Treunto set my hand and official scal this 26 day of |
| NOTARY PUBLIC STATE OF FLORIDA Judith D. Rodman Commission # DD921378 Expires: OCT. 18, 2013 BONDED THRU ATLANTIC BONDING CO. INC. | Notary Public Print Name: TUSTIN > RASHIAN My Commission expires: (0) 14/2013 |

Audit No. H10000125048 3

OMY 27 IM IO. 45

Audit No. H 10000125048 3

CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is GOOD WIND ELEUTHERA HOLDINGS, LLC.
 - 2. The name and address of the Registered Agent and Office is:

John C. Strickroot, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

John C Strickroot, Registered Agent

ale. May 26 2011

GOOD WIND ELEUTHERA HOLDINGS, LLC

-John C. Strickroot,

as Authorized Representative

of the Member

Audit No. H10000125048 3

[jdr] W:\45305\ARTORG68.JDR{5/26/10-17:19}