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COVER LETTER

TO;	Registration of	n Section Corporation	ıs				
SUBJE	:cт: <i>Se</i> .	MINOLE	WINDS	INVE	STMENT	GROU	P LLC
			Name of	Limited L	iability Company	•	
The end	closed Article	s of Organiza	ation and fee(s	s) are subn	nitted for filing.		
Please 1	return all corr	espondence c	oncerning this	s matter to	the following:		
	Rum	mn 51	ONE				
				Nan	e of Person		
	SEM	NOLE CL	INOS 1	NUGST	ment 6.1	20UD L	LC
•			<u> </u>	Firm	n/Company		
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		12 111411	address, (to be	usçu for fu	are aimaar report i	iotification)	
For furt	her information	on concerning	g this matter, p	please call	:		
 .	Nar	ne of Person		at () Area Code &	Daytime Telep	phone Number
Enclose	ed is a check	for the follo	owing amour	nt:			
125.00	Filing Fee		Filing Fee of Statu	ıs 🗀	1155.00 Filing I Certified Copy additional copy is		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Address tion Section		Street/Cour Registration		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SEMINOLE WINDS INVESTMENT (Must end with the words "Limited Liability	GROUP LLC. Ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
2828 Remington Cir Ste 100 Tallahassee, FL 32308	2828 Remington Cir Ste 100 Tallahassee, FL 32308
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
<u>Charles J. Ree</u>	<u>d</u>
2828 Remington G Florida street addr	reen arcle Ste 100
	FL 32308 le, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of a formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	re (REOUIRED)
regionate right a digital	271
(CONTINU	JED) 88 30 12 13 13 13 13 13 13 13 13 13 13 13 13 13
Page 1 of 2	- C 0

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	David M. Evans 164 Gettysburg Rd Fitzgerald, GA 31750
MGR	Joseph J. Reed 161 Mason Lane Thomasville, GA 31792
MGR	Richard T. Stone 464 Fugue Drive Ellyay, GA 30540
(Use attachment if necessary)	
LE V: Effective date, if other of the date is listed, the date days after the date of filing.)	han the date of filing:, (OPTIONAl must be specific and cannot be more than five business days
LE V: Effective date, if other of fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	han the date of filing: (OPTIONAl must be specific and cannot be more than five business days member or an authorized representative of a member.
LE V: Effective date, if other of fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: (In accordance with se constitutes an affirmat I am aware that any fa constitutes a third deg	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)
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