

L13000111084

Florida Department of State
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.

((H13000174521 3)))



H130001745213ABCY

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

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
GEOWIND SERVICES LLC

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

RECEIVED

13 AUG -6 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 AUG -6 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

AUG - 7 2013

EXAMINER
8/6/2013

<https://efile.sunbiz.org/scripts/efilcovr.exe>

7

413000174521

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

ARTICLE I

The Name of the Limited Liability Company shall be :

GOWIND SERVICES LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is: 2655 LE JEUNE ROAD, SUITE 804, CORAL GABLES, FL 33134

ARTICLE IV

The name of the Managing Member and Manager(S) shall be:

MANAGER/MANAGING MEMBER
PABLO MARTINEZ
AVENIDA DE MADRID 7-PORTAL 1-2 F
28760 TRES CANTOS
MADRID
SPAIN

FILED
2013 AUG -6 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V

The name and Florida street address of the registered agent shall be:

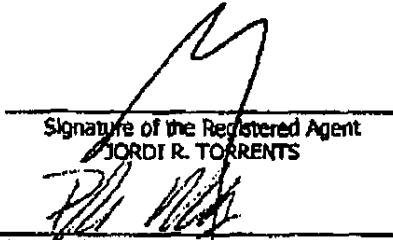
JORDI R. TORRENTS
2655 LE JEUNE ROAD SUITE 804
CORAL GABLES, FL 33134

H13000174521

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

GEOWIND SERVICES LLC

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 articles of organization, 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.



Signature of the Registered Agent
JORDI R. TORRENTS



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.)



Typed or printed name of signer

PABLO MARTINEZ

FILED
2013 AUG -6 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA