L14000146940

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900264351169

09/19/14--01003--019 **125.00

SCHEME TO YOUR THE THE

2014 SEP 1.9 PM 1:

14 SEP 19 PH 1:28

TO: Registration Section Division of Corporations	
SUBJECT: Seminole Winel, Trens Port LLC Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARC Orr Wood DR DRSUS Name of Person	
Seminole Wind Transport Firm/Company	
Firm/Company	
3208 LANSky Cir. Address	
Address	
Tallahassaz, FL 37317 City/State and Zip Code	
City/State and Zip Code	
MOWDETASUS @ GMAIL. COM E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Marc Orr Wood De Asus at (407) 489 - 7765 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \text{\$\subseteq} \t	ed)

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
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:	
Samuola Wind	Transport LLC. ited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	al office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3208 Longley Cir	3708 LANGERY Cir.
Tullunassee F1 32312	
ARTICLE III - Registered Agent, Registered Offic (The Limited Liability Company cannot serve as its of another business entity with an active Florida registra	own Registered Agent. You must designate an individual or
The name and the Florida street address of the register	-
Marc On	Wood / DEESUS ame Ly Cir. Box NOT acceptable)
Na	ame
3708 LANG/2	y Cir.
TAllnhnssam	FL 323/2 Zip
City	Zip
the place designated in this certificate, I hereby accapacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	of service of process for the above stated limited liability company at except the appointment as registered agent and agree to act in this cons of all statutes relating to the proper and complete performance to obligations of my position as registered agent as provided for in thapter 605, F.S.
(CONTI	NUED) RR 60

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager ### RD	Marc Or Wood/Das	- ESU
HILLST	3208 LANGEY Cir.	-
	Tallahassee, FL /32312	-
		•
		- -
		-
		-
A		_
		-
		•
	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9	90 da
EV: Effective date, if other than the fective date is listed, the date must b		∂0 d a
EV: Effective date, if other than the fective date is listed, the date must b of filing.)		90 da
EV: Effective date, if other than the fective date is listed, the date must b of filing.)		90 da
EV: Effective date, if other than the fective date is listed, the date must b of filing.)		90 da
EV: Effective date, if other than the fective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or	90 da
EV: Effective date, if other than the rective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	e specific and cannot be more than five business days prior to or some state of a member.	90 da
EV: Effective date, if other than the rective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section)	a member or an authorized representative of a member.	90 da
EV: Effective date, if other than the rective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false if	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State	
EV: Effective date, if other than the rective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false if constitutes a third degree if	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)	-
EV: Effective date, if other than the rective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false if constitutes a third degree if	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)	-
EV: Effective date, if other than the rective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false if constitutes a third degree if	a member or an authorized representative of a member. an 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee	-
EV: Effective date, if other than the fective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false if constitutes a third degree it sections.)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees:	-
EV: Effective date, if other than the fective date is listed, the date must be of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false if constitutes a third degree it sections.)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: Gorganization and Designation of Registered Agent	-

ARTICLE IV-