

**L16000112947**

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.**

(((H16000142896 3)))



H160001428963ABC4

**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) 617-6381

From:

Account Name : CUMMINGS & LOCKWOOD, LLC  
Account Number : 102336001100  
Phone : (239) 649-3101  
Fax Number : (239) 430-3344

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

Email Address: clasp@cl-law.com

**FLORIDA LIMITED LIABILITY CO.**

**Naples Winds LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

16 JUN 10 PM 3:38

RECEIVED  
TALLAHASSEE, FLORIDA

16 JUN 10 PM 8:20

RECEIVED  
DIVISION OF CORPORATIONS

((H16000142896 3)))

**ARTICLES OF ORGANIZATION  
OF  
NAPLES WINDS LLC**

**ARTICLE I**

**Name**

The name of this limited liability company is Naples Winds LLC (the "Company").

**ARTICLE II**

**Address**

The street address of the principal office of the Company is:

302 Madison Avenue  
Cascade, WI 53011

The mailing address of the principal office of the Company is:

Post Office Box 228  
Cascade, WI 53011

**ARTICLE III**

**Purpose**

The purpose for which the Company is organized is for any and all lawful business as a limited liability company.

**ARTICLE IV**

**Duration**

The period of duration for the Company is perpetual.

**ARTICLE V**

**Registered Office and Agent**

The name and the Florida street address of the registered agent are:

CLASP, Inc.  
3001 Tamiami Trail North, Suite 400  
Naples, FL 34103

((H16000142896 3)))

FILED  
SECRETARY OF STATE  
OFFICE OF REVENUE  
16 JUN 10 PM 8:20

(((R16000142896 3)))

*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 605, F.S.*

By:

  
Robert L. Lancaster, Vice President

**ARTICLE VI**  
Management

The Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the initial manager of the Company are:

Carol Marshall-Horne  
302 Madison Avenue  
Cascade, WI 53011

**ARTICLE VII**  
Limitation on Agency Authority of Members

Pursuant to section 605.04074, Florida Statutes, no member of the Company shall be an agent of the Company for the purpose of its business solely by virtue of being a member, and no member may bind the Company by taking any action solely by virtue of being a member.

**ARTICLE VIII**  
Written Operating Agreement

Any Operating Agreement entered into by the members of the Company, and any amendments or restatements thereof, shall be in writing. No oral agreement among any of the members or managers of the Company shall be deemed or construed to constitute any portion of, or otherwise affect the interpretation of, any written operating agreement of the Company, as amended and in existence from time to time.

Dated: June 10, 2016

  
Robert L. Lancaster  
Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

3257035\_1.docx 6/10/2016

(((R16000142896 3)))