

L95000000906

JOHN L. MANN

105 SOUTH FLORIDA AVENUE  
FLOOR THREE, C.A. MCGOUGH BUILDING  
TALLAHASSEE, FLORIDA 32301

TELEPHONE  
(941) 683-1355  
FAX  
(941) 683-5638

MAILING ADDRESS  
POST OFFICE BOX 2435  
TALLAHASSEE, FLORIDA 32306-2435

November 22, 1995

Attn: Beth Regiscer  
Secretary of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

ENCLOSURE 11/29/95  
+11/29/95 +11/29/95  
\*\*\*285.00 \*\*\*285.00

Re: Westwind Insurance Services, L.C.

Dear Ms. Regiscer:

Enclosed please find our check no. 5975 in the amount of \$285.00 made payable to the Secretary of State for filing the enclosed Articles of Organization of Westwind Insurance Services, L.C. Also enclosed is an Affidavit of Membership and Contributions.

Also enclosed is a copy of the Articles of Organization, to be certified and returned to our office in the stamped self-addressed envelope provided.

If you have any questions, please call. Thank you for your assistance.

Very truly,

*Jackie Hutchison*  
Jackie Hutchison  
Legal Assistant

enclosures as listed

B. P.

NOV 28 1995

NOV 28 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

WESTWIND INSURANCE SERVICES, L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be **WESTWIND INSURANCE SERVICES, L.C.** ("Company").

ARTICLE II - PRINCIPAL PLACE OF BUSINESS AND ADDRESS

The principal place of business of the Company in Florida shall be 1000 Westwind Way, Bartow, Florida 33830. The mailing address shall be 1000 Westwind Way, Bartow, Florida 33830.

ARTICLE II - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall terminate not later than September 1, 2025, unless the Company is earlier dissolved as provided in these Articles of Organization.

ARTICLE III - PURPOSES AND POWERS

The general purpose for which the Company is organized to provide insurance services consisting of \*\*\* and to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is JOHN L. MANN, 105 South Florida Avenue, Lakeland, Florida 33801.

ARTICLE V - INITIAL MEMBERS AND  
PERCENTAGE INTERESTS CAPITAL CONTRIBUTIONS

The initial members of the Company and their interest in the Company and their contribution to the capital of the Company shall be:

Westwind International, Inc.	33 1/3%	\$333.33
Richard F. Kirchen	33 1/3%	\$333.33
Baldomero De Alejandro	16 2/3%	\$166.67
E. Luis Campano	16 2/3%	\$166.67

#### ARTICLE VI - ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company only upon the consent of members having an aggregate capital interest in the company equal to at least fifty percent (50%) of the combined capital interests in the company.

#### ARTICLE VII - ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the Company except with the written consent of members having an aggregate capital interest in the company equal to at least fifty percent (50%) of the combined capital interests in the company. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless at least members having an aggregate capital interest in the company equal to at least fifty percent (50%) of the combined capital interests in the company consent.

#### ARTICLE VIII - TERMINATION OF EXISTENCE

The Company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or upon the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the Company is continued by the consent of members having an aggregate capital interest in the company equal to at least fifty percent (50%) of the combined capital interests in the company; provided there are at least two remaining members.

#### ARTICLE IX - MANAGEMENT

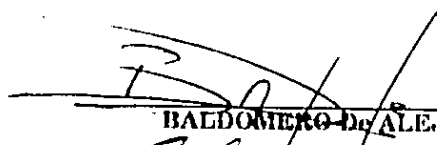
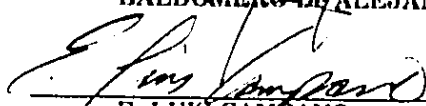
The Company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization at Bartow, Florida, for the foregoing uses and purposes this 25th day of October, 1995.

WESTWIND INTERNATIONAL, INC.

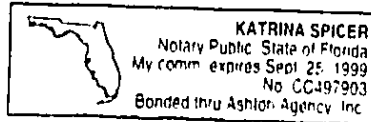
By: [Signature]  
Richard F. Kirchen as its Vice president

[Signature]  
RICHARD F. KIRCHEN

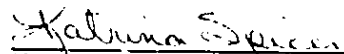
  
BALDOMERO De ALEJANDRO  
  
E. LUIS CAMPANO

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me on this the 25th day of October, 1995 by E. Luis Campano, who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath as Senior Vice president of Westwind International, Inc., on behalf of the corporation.

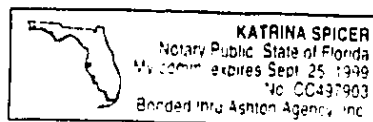


(SEAL)

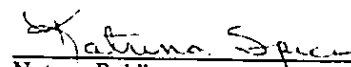
  
Notary Public  
Katrina Spicer  
(Print or Type Notary Name)  
Commission (Serial) Number: CC497903  
My Commission Expires: Sept. 25, 1999

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me on this the 25th day of October, 1995 by Richard F. Kirchen who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

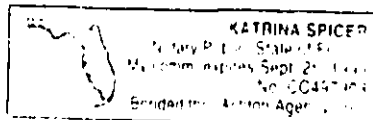


(SEAL)

  
Notary Public  
Katrina Spicer  
(Print or Type Notary Name)  
Commission (Serial) Number: CC497903  
My Commission Expires: Sept. 25, 1999

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me on this the 25th day of October, 1995 by **Baldomero De Alejandro** who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

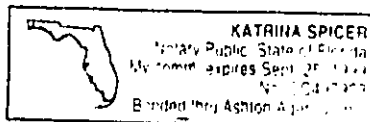


(SEAL)

Katrina Spicer  
Notary Public  
Katrina Spicer  
(Print or Type Notary Name)  
Commission (Serial) Number: CC497903  
My Commission Expires: Sept. 25, 1995

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me on this the 25th day of October, 1995 by **E. Luis Campano** who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

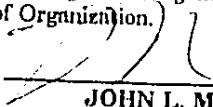


(SEAL)

Katrina Spicer  
Notary Public  
Katrina Spicer  
(Print or Type Notary Name)  
Commission (Serial) Number: CC497903  
My Commission Expires: Sept. 25, 1995

ACCEPTANCE

I hereby accept to act as initial Registered Agent for WESTWIND INSURANCE SERVICES, L.C., as stated in these Articles of Organization.)

  
\_\_\_\_\_  
JOHN L. MANN

### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of WESTWIND INSURANCE SERVICES, L.C. deposes and says:

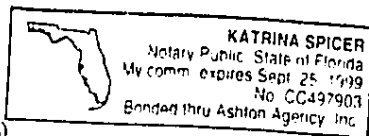
1. The above name limited liability company has at least two members.
2. The total amount of cash contributed by the members is \$1,000.00.
3. If any, the agreed value of property other than contributed by members is none.
4. The total amount of cash or property anticipated to be contributed by members are \$1,000.00. This total includes amounts from 2 and 3 above.

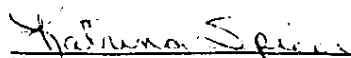
  
E. Luis Campano

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me on this the 25th day of October, 1995 by E. Luis Campano who is personally known to me or who has produced \_\_\_\_\_ as identification and who did (did not) take an oath.

(SEAL)



  
Notary Public  
Katrina Spicer  
(Print or Type Notary Name)  
Commission (Serial) Number: CC497903  
My Commission Expires: Sept. 25, 1995

RECORDED  
INDEXED  
FALL 1995  
CLERK

FILE NOW: Fee after May 1, will be \$263.75

L9500000906

LIMITED LIABILITY COMPANY  
ANNUALLY REPORT  
1996

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 FEB 28 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILING FEE \$238.75  
Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
DOCUMENT #L95000000906

WESTWIND INSURANCE SERVICES, L.C.  
1000 WESTWIND WAY  
BARTOW FL 33830

1a. Principal Place of Business Address

1000 WESTWIND WAY  
BARTOW FL 33830

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified  
11/28/1995

3a. State of Formation  
FL

4. FEI Number  
59-3343168

☐ Applied For  
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired  
☐ As Authorized By Request

7. Name and Address of Current Registered Agent

MANN, JOHN L  
105 S FLORIDA AVE  
LAKELAND FL 33801

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

1000 WESTWIND WAY  
-03/01/95--01038--003  
\*\*\*\*238.75 \*\*\*\*238.75  
Zip Code  
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WESTWIND INTERNATIONAL	1000 WESTWIND WAY	BARTOW FL
MGRM	KIRCHEN, RICHARD F	1000 WESTWIND WAY	BARTOW FL
MGRM	DE ALEJANDRO, BALDOMER	1000 WESTWIND WAY	BARTOW FL
MGRM	CAMPANO, E. LUIS	1000 WESTWIND WAY	BARTOW FL

2/29/96 a

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

2-13-96

(813) 537-1234