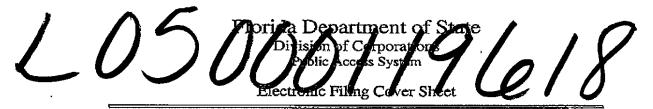
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: HENDERSON, FRANKLIN, STARNES & HOLT, P.A.

Account Number : Phone

075410002172 : (239)344-1100

Fax Number

: (239)344-1200

DIVISION OF CURPORATION

LIMITED LIABILITY COMPANY

WILROCK FORT MYERS, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

WILROCK FORT MYERS, LLC

ARTICLE I NAME

The name of the limited liability company shall be Wilrock Fort Myers, LLC (the "Company").

ARTICLE II MAILING ADDRESS AND STREET ADDRESS

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

Mailing Address:

P. O. Box 61566 Fort Myers, FL 33906

Street Address:

17100 Safety Street, Unit 201 Fort Myers, FL 33906

ARTICLE III INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

Scott Willis 17100 Safety Street, Unit 201 Fort Myers, FL 33906

ARTICLE IV PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the state of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE V DURATION

The Company shall exist from the date of filing these Articles of Organization with the Department of State and shall be dissolved upon the occurrence of any event of dissolution as described in the Operating Agreement of the Company.

FAX AUDIT NO.:

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ARTICLE VI MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

Name

Address

Scott Willis

17100 Safety Street, Unit 201 Fort Myers, FL 33906

ARTICLE VII OPERATING AGREEMENT

The Manager shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

IN WITNESS WHEREOF, the undersigned, being a Manager of the Company, has executed these Articles of Organization, this Hamber day of December, 2005.

Scott Willis, Manager

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

- The name of the limited liability company is: Wilrock Fort Myers, LLC
- The name and address of the registered agent and office are:

Scott Willis 17100 Safety Street, Unit 201 Fort Myers, FL 33906

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.

Scott Willis, Registered Agent

DIVISION OF CORPORATION