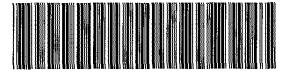
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

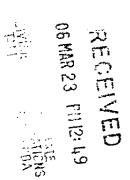


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SECRETARY OF STATE
AND SECRETARY OF STATE





ACCOUNT NO. : 072100000032			
REFERENCE : 937453 85036A			
AUTHORIZATION :			
COST LIMIT: \$ 105 pallelene			
ORDER DATE: March 23, 2006			
ORDER TIME: 10:46 AM			
ORDER NO. : 937453-005			
CUSTOMER NO: 85036A			
DOMESTIC FILING			
NAME: WIN-WEXFORD, LTD.			
EFFECTIVE DATE:			
ARTICLES OF INCORPORATION			
XX CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
XX CERTIFIED COPY PLAIN STAMPED COPY			
CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Susie Knight - EXT. 2956			
FYAMINER'S INITIALS.			

## CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. WIN-WEXFORD, LTD		
(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)  Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P.  or LLLP.		
2. 2901 Rigsby Lane, Safety Harbor, Florida 34695		
(Street address of initial designated office)		
3. Robert A. Forlizzo, Esquire		
(Name of Registered Agent for Service of Process)		
4. Forlizzo Law Group, P.A., 2903 Rigsby Lane, Safety Harbor, Florida 34695		
(Florida street address for Registered Agent)		
5. 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 relative to the proper and complete performance of my duties and I am familiar with an accept the obligations of my position as registered agent.  Signature of Registered Agent  6. 2901 Rigsby Lane, Safety Harbor, Florida 34695	06 MAR 23 PM	FILED
(Mailing address of initial designated office)	??	
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Page 1 of 2

7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of ea Name:	ach general partner: <u>Business Address:</u>		
PDG-PA, INC. PO6-34799	2901 Rigsby Lane, Safety Harbor, Florida 34695		
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		- <b>6</b>	
		•	
9. Effective date, if other than the date of t	filing:		
(Effective date cannot be prior to no filed by the Florida Department of S	or more than 90 days after the date the document is State.)		
Signed this 22 nd day of	of March, 2006.		
Signature of each general partner:	PDG-PA, INC., a Florida corporatio	on	
	By Spiro A. Comitos, Vice Presid	dent	
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75 Page 2 of 2		