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Florida Department of State

Division of Corporations

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To:

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Fax Number : (850) 922-4003

From:

Account Name : ANSBACHER & SCHNEIDER, PA
Account Number : 072647001172
Phone : (904) 296-0100
Fax Number : (904) 296-2842

LIMITED LIABILITY COMPANY

WWT, L.L.C.

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF
WWT, L.L.C.

ARTICLE I

The name of this Limited Liability Company shall be WWT, L.L.C., a limited liability company.

ARTICLE II

WWT, L.L.C. shall have perpetual existence.

ARTICLE III

WWT, L.L.C. is created to engage in any lawful act, business or activity for which limited liability companies may be formed under the laws of the State of Florida and to do any and all other things which are necessary, desirable or incidental to the foregoing purpose.

ARTICLE IV

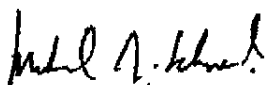
The principal place of business of WWT, L.L.C. shall be 1815 Corporate Square Boulevard, Suite 200, Jacksonville, Florida 32216 and the mailing address shall be P.O. Box 551260, Jacksonville, Florida 32255 and such other place or places as the Members from time to time may determine.

The initial registered agent of WWT, L.L.C. shall be Michael N. Schneider whose address is 5150 Belfort Road, Building 100, Jacksonville, Florida 32256.

ARTICLE V

WWT, L.L.C. will be managed by one of its Members. The initial Managing Member shall be Sherman Westmoreland, whose address is 1815 Corporate Square Boulevard, Suite 200, Jacksonville, Florida 32216.

IN WITNESS WHEREOF, these Articles of Organization have been duly executed.



Michael N. Schneider
Authorized Representative

Michael N. Schneider
Fl. Bar No. 166929
P.O. Box 551260
Jacksonville, FL 32255-1260
(904) 296-0100
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TALLAHASSEE, FLORIDA

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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 organization is WWT, L.L.C., a Limited Liability Company.

The name and address of the registered agent and office is:

Michael N. Schneider
5150 Belfort Road, Building 100
Jacksonville, FL 32256

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.


Michael N. Schneider, Registered Agent

11/8/00
Date

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TALLAHASSEE, FLORIDA

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