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To:

Division of Corporations
Fax Number : (850)205-0383

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Account Name : EMPIRE CORPORATE KIT COMPANY
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

wnk management company, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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APR 22 2003
FILED
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ST. JULY OF 2003
ALL AMASSEE COUNTY

4-22-03

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ARTICLES OF ORGANIZATION
OF
WNK Management Company, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I
NAME

The name of this limited liability company is:

WNK Management Company, LLC

ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

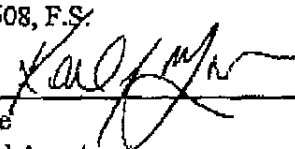
4561 NW 70th Ave
Lauderhill, Florida 33319

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE

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

Karen Lue
4561 NW 70th Ave
Lauderhill, Florida 33319

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 608, F.S.


Karen Lue
Registered Agent

Prepared By: Ingrid M. Bachelor CPA
License No. AC-0032360
10235 West Sample Road
Suite 205
Coral Springs, FL 33065
954-752-2758

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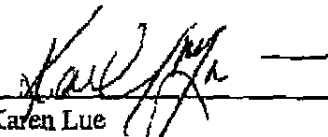
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CLERK OF DISTRICT COURT
NASSAU COUNTY, FLORIDA

TOTAL P.03

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ARTICLE IV
MANAGEMENT

The limited liability company is to be managed by its members and is, therefore, a member-managed company.


Name: Karen Lue
Title: Authorized Representative of the Members.

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

AND
FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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