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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

Wyndale Associates of Florida, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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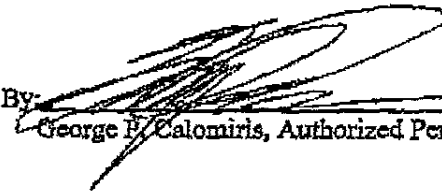
Handwritten initials/signature

**ARTICLES OF ORGANIZATION
OF
WYNDALE ASSOCIATES OF FLORIDA, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME. The name of the Limited Liability Company is WYNDALE ASSOCIATES OF FLORIDA, LLC (the "Company").
2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address for the Company is: 1615 Gulf Way, St. Petersburg Beach, Florida, 33706.
3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: George P. Calomiris, 1615 Gulf Way, St. Petersburg Beach, Florida, 33706.
4. MANAGEMENT. The business of the limited liability company shall be managed by one or more members and is, therefore, a member-managed company.

The undersigned has executed these Articles of Organization on the 15th day of August, 2003.

By: 
George P. Calomiris, Authorized Person

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATION 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.

1. The name of the limited liability company is: WYNDALE ASSOCIATES OF FLORIDA, LLC.
2. The name and address of the registered agent and office is:

George P. Calomiris
1615 Gulf Way
St. Petersburg Beach, Florida 33706

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 its 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.


George P. Calomiris, Registered Agent

8/15th/2003
(Date)

03 AUG 16 PM 8:50
STATE OF FLORIDA
SECRETARY OF STATE