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To: Division of Corporations
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MJH

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
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LIMITED LIABILITY COMPANY

Wicks, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
WICKS, LLC**

ARTICLE I - Name

The name of the Limited Liability Company is WICKS, LLC.

ARTICLE II - Address

The street and mailing address of the principal office of the Limited Liability Company is:
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

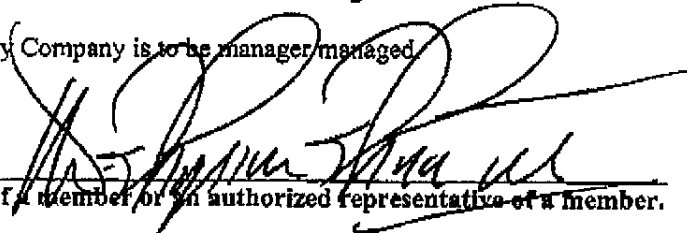
ARTICLE III - Registered Agent

The name of the initial registered agent of the Limited Liability Company and the street address of the initial registered office of the Limited Liability Company are as follows:

W. Thompson Thorn, III
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

ARTICLE IV - Management

The Limited Liability Company is to be manager managed.



Signature of a member or an authorized representative of a member.

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

W. Thompson Thorn, III
Typed or printed name of signee

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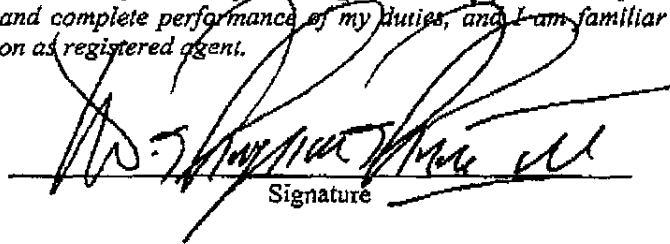
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is WICKS, LLC.
2. The name and the Florida street address of the registered agent are:

W. Thompson Thorn, III
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.



Signature

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