

W4000033313

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FRANK H. FEE, III, ESQUIRE
Account Number : I19990000154
Phone : (772)461-5020
Fax Number : (772)468-8461

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04 APR 30 AM 9:52

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

WYNNE CAPITAL III, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

W400-33313
OR

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

WYNNE CAPITAL III, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8000 South US One, Suite 402

Port St. Lucie, FL 34952

Mailing Address:

8000 South US One, Suite 402

Port St. Lucie, FL 34952

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

FRANK H. FEE, III, ESQUIRE
Name

401 South Indian River Drive
Florida street address (P.O. Box NOT acceptable)

Fort Pierce FLORIDA 34950
City, State, and Zip

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, Florida Statutes.



Registered Agent's Signature

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OFFICE OF STATE
ADMINISTRATOR
FLORIDA

CLERK OF
MAY 13 11 09 AM '03

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MATTHEW LYLE WYNNE

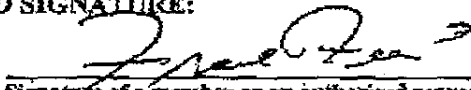
8000 South US One, Suite 402

Port St. Lucie, FL 34952

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

FRANK H. FEE, III, ESQ., AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLERK OF COURT
TALLAHASSEE, FLORIDA

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