

W40000 33493

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LIMITED LIABILITY COMPANY

PMW RET LLC

Certificate of Status	0
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W4-33493
[Signature]
4/30/2004

**ARTICLES OF ORGANIZATION
OF
PMW RET LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **PMW RET LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 620 Ponte Vedra Blvd., Unit E-10, Ponte Vedra Beach, Florida 32082.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Patricia M. Wallace, 620 Ponte Vedra Blvd., Unit E-10, Ponte Vedra Beach, Florida 32082. Located in the County of St Johns.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Patricia M. Wallace, 620 Ponte Vedra Blvd., Unit E-10, Ponte Vedra Beach, Florida 32082


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717
(608) 827-5300

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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 COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **PMW RET LLC**

The name and address of the registered agent and office is Patricia M. Wallace, 620 Ponte Vedra Blvd., Unit E-10, Ponte Vedra Beach, Florida 32082. Located in the County of St Johns.

Having been named as registered agent and to accept service of process for the above stated 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: Patricia M. Wallace
Patricia M. Wallace

Date: April 21, 2004

OFFICE OF STATE
TALLAHASSEE, FLORIDA

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