

DEC. 10 2004 2:39PM borat FOLEY LARDNER

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Florida Department of State
Division of Corporations
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((H04000244241 3)))

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

From:
Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904) 359-2000
Fax Number : (904) 359-8700

Dear Examiner:

This new entity needs to be formed
today, December 10, 2004, as it is
entering into a contract and signing
documents today. Any assistance
you can provide in expediting
the filing process would be
greatly appreciated.

Thank you.

Foley & Lardner LLP

Please return to Carolyn Snider

LIMITED LIABILITY COMPANY

WC CORNER PARTNERS LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 DEC 10 AM 10:20

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FAX AUDIT NO.: H04000244241

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is: WC CORNER PARTNERS LLC

ARTICLE II - Address:The mailing address and street address of the principal office of the Limited Liability Company are:
10739 DEERWOOD PARK BLVD., SUITE 103, JACKSONVILLE, FLORIDA 32256.**ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:**

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

F&L CORP.

Name

ONE INDEPENDENT DRIVE, SUITE 1300

Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE, FL 32202

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 completed 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.

F&L CORP.

By: Charles V. Hedrick

Charles V. Hedrick, Authorized Signatory

(An additional article must be added if an effective date is requested)

David C. CookSignature of a member of 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.)

David C. Cook, Authorized Representative

Typed or printed name of signee

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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TALLAHASSEE, FLORIDA

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