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Division of Corporations

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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

1033 Wexford LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

1033 WEXFORD LLC

ARTICLE II ADDRESS

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

1500 HORIZON ROAD
VENICE, FL 34293**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT INC.
92 SADBERRY RD.
QUINCY, FL 32351

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



A1A REGISTERED AGENT INC. / Registered Agent's Signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

The name(s) and address(es) of the managing members of the LLC are:

Managing Member:

MARIETTA ELIZABETH RHODES
14 WELLMANS MEADOW
KINGSCLERE, RG20 5HJ, United Kingdom

Managing Member:

JOHN STEPHEN RHODES
14 WELLMANS MEADOW
KINGSCLERE, RG20 5HJ, United Kingdom



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.)

MARIETTA ELIZABETH RHODES
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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