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

From:
Account Name : BERT R. OLIVER, P.A.
Account Number : I20040000183
Phone : (561) 869-3000
Fax Number : (561) 549-0025

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

WINGATE COMMONS, LLC

Certificate of Status	0
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T. Brumbley MAY 18 2005

FAX AUDIT NUMBER (((H05000123831 3)))

**ARTICLES OF ORGANIZATION
OF
WINGATE COMMONS, LLC
Under the Florida Limited Liability Company Act**

ARTICLE I

NAME

The name of this limited liability company is WINGATE COMMONS, LLC (the "Company").

ARTICLE II

MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is c/o Bert R. Oliver, P.A., 2060 N.W. Boca Raton Boulevard, Suite 6, Boca Raton, Florida 33431.

ARTICLE III

REGISTERED AGENT AND OFFICE

The name and street address of the Company's initial registered agent in Florida is Bert R. Oliver, 2060 N.W. Boca Raton Boulevard, Suite 6, Boca Raton, Florida 33431.

ARTICLE IV

MANAGEMENT

The Company is to be a Member-managed Company.

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FROM BERT R. OLIVER P. A.

(MON) MAY 16 2005 5:37/ST. 5:37/No. 6835130691 P 3

FAX AUDIT NUMBER (((H05000123831 3)))

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on May 16, 2005.



BERT R. OLIVER
Authorized Representative

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FROM BERT R. OLIVER P.A.

(MON) MAY 16 2005 5:38/ST. 5:37/No. 6835130691 P 4

FAX AUDIT NUMBER (((H05000123831 3)))

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

Having been named as Registered Agent to accept service of process for WINGATE COMMONS, LLC, at the place designated in the foregoing Articles of Organization, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of the Florida Limited Liability Company Act relating to the proper and complete performance of our duties, and am familiar with and accept the obligations of my position as Registered Agent.

Dated: May 16, 2005.


BERT R. OLIVER

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