

**LD5000095092**

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

**LIMITED LIABILITY COMPANY****MATTHEW LYLE WYNNE II, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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

The name of the Limited Liability Company is:

MATTHEW LYLE WYNNE II, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**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, Florida 34952Mailing Address:8000 South US One, Suite 402  
Port St. Lucie, Florida 34952**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

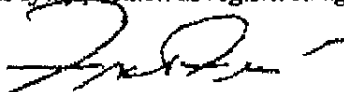
FRANK H. FEE, III, ESQUIRE

Name

401 South Indian River DriveFlorida street address (P.O. Box **NOT** acceptable)Fort Pierce, FL 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, F.S.*



Registered Agent's Signature (REQUIRED)

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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

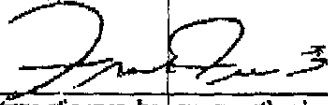
"MGRM" = Managing Member

MGRM**Name and Address:**MATTHEW LYLE WYNNE8000 South US One, Suite 402Port St. Lucie, Florida 34952

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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, ESQUIRE, Authorized Representative

Typed or printed name of signer

**Filing Fees:**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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