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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

McBee Capital LLC

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FAX AUDIT # 4050002943813

**ARTICLES OF ORGANIZATION
OF
McBee Capital LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **McBee Capital LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2418 Stonybrook Drive, Wellington, Florida 33414.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Louana M. McBee, 2418 Stonybrook Drive, Wellington, Florida 33414. Located in the County of Palm Beach.

ARTICLE IV DURATION


The duration for the limited liability company shall be: 12/31/2045.

ARTICLE V MANAGERS/MEMBERS

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

Louana M. McBee, 2418 Stonybrook Drive, Wellington, Florida 33414

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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

FAX AUDIT # 4050002943813

FAX AUDIT # H050002943813CERTIFICATE 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: **McBee Capital LLC**

The name and address of the registered agent and office is Louana M. McBee, 2418
Stonybrook Drive, Wellington, Florida 33414. Located in the County of Palm Beach.

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: Louana M. McBee
Louana M. McBee

Date: 12/24/05

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