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**FLORIDA/FOREIGN LIMITED LIABILITY CO**

**Wexford Capital Management, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
Wexford Capital Management, LLC**

**ARTICLE I NAME**

The name of the limited liability company shall be: **Wexford Capital Management, LLC**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this Limited Liability Company shall be: 401 Willet Avenue, Naples, Florida 34108.

**ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the initial registered agent is: Jack D. O'Brien, 401 Willet Avenue N, Naples, Florida 34108. Located in the County of Collier.

**ARTICLE IV DURATION**

The duration for the limited liability company shall be: 12/31/2047.

**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:

Jack D. O'Brien, 401 Willet Avenue, Naples, Florida 34108



Date: June 29, 2007

Business Filings Incorporated, Organizer

Terese Coulthard, Asst. Sec.

Authorized Representative

Prepared by Terese Coulthard, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200, Madison, WI 53717

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FAX AUDIT # H07000178223 3CERTIFICATE 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: **Wexford Capital Management, LLC**

The name and address of the registered agent and office is Jack D. O'Brien, 401 Willet Avenue N, Naples, Florida 34108. Located in the County of Collier.

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: Jack D. O'Brien

Jack D. O'Brien

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