Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From

Account Name : FRANK H. FEE, III, ESQUIRE

Account Number : I19990000154
Phone : (772)461-5020

Fax Number : (772)468-8461

TOCT 24 PH 12: 28
ECRETARY OF STATE

FLORIDA/FOREIGN LIMITED LIABILITY CO.

WYNNE CAPITAL IX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

JB

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I - Nar	ne:
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The name of the Limited Liability Company is:

WYNNE CAPITAL IX, LLC

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

ARTICLE II - Address;

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

Principal Office Address:

Mailing Address:

12804 S.W. 122nd Avenue

Mlami, Florida 33188

12804 S.W. 122nd Avenue

Miami, Florida 33186

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.)

an active Florida registration.)

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

JOEL F. WYNNE

Name

12804 S.W. 122nd Avenue

Florida street address (P.O. Box NOT acceptable)

Miami, Florida 33186 Ft.

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 of registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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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:

12804 S.W. 122nd Avenue	
Miami, Florida 33186	
<u></u>	
	07
	07 0CT
	3
	——
	8: 24
	Miami, Florida 33186

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.)

MATTHEW LYLE WYNNE

Typed or printed name of signee

Filing Fees:

5125.00 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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