

FROM:

FAX NO. :

Dec. 08 2008 04:07PM P1

Page 1 of 1

Division of Corporations 0111981 Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000269610 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

Excom:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number: 103731001374

Phone : (407)418-2435

Fax Number

: (407)420-5909

ORIDA/FOREIGN LIMITED LIABILITY CO.

500 WS Capital LLC

Certificate of Status	1
Certified Copy	l
Page Count	01
Estimated Charge	\$160.00

C. LEWIS DEC 092008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

2009 DEC -8 AM 8: 24

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ARTICLE I - Name:

The name of the Limited Liability Company is:

500 WS CAPITAL LLC

ARTICLE 11 - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
c/o Eola Capital LLC
One Independent Drive, Suite 1850
Jacksonville, Florida 32202

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

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

Name:

William G. Evans

Address:

One Independent Drive, Suite 1850

Jacksonville, Florida 32202

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

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.)

William G. Evans
Typed or printed name of signee