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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

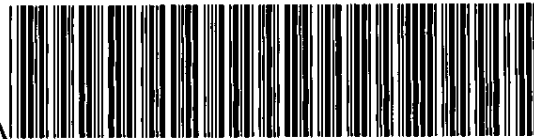
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B. KOHR

JAN 11 2010

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Wynnfield Holdings, LLC

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Signature _____

Requested by: Seth

01/11/10 11:00

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
✓ ____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
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____ Courier _____

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ARTICLES OF ORGANIZATION FOR

Wynnfield Holdings, LLC

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **Wynnfield Holdings, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office and mailing address of the company is **700 Eleventh Street South PH2, Naples, FL 34102.**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

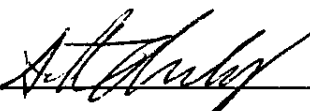
The name and address of the initial registered agent is **Anthony R Able, Able Advisory, Inc.,
700 Eleventh Street South PH2, Naples, FL 34102.**

ARTICLE IV: MANAGEMENT

The name and address of the initial Manager of the company is:
AOMAC Properties, Inc., Manager, 700 Eleventh Street South PH2, Naples, FL 34102.

The undersigned has executed these Articles of Organization this 11th day of January 2010.

"Your Capital Connection, Inc. by, Seth Neeley, Client Representative"



Authorized Representative

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the mentioned 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.

1. The name of the company is: **Wynnfield Holdings, LLC**
2. The name and street address of the registered agent and office is:

Anthony R Able, Able Advisory, Inc., 700 Eleventh Street South PH2, Naples, FL 34102.

HAVE 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.

/S/ **Anthony R . Able**