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Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
WONDERLAND LLC

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION  
WONDERLAND LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is **WONDERLAND LLC**.

**ARTICLE II – Address:**

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

1010 North MacInnes Place  
Tampa, FL 33602

**ARTICLE III – Registered Agent and Registered Office:**

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

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized  
representative of a member and acknowledged them to be my act this 2<sup>nd</sup> day of June, 2010.

  
\_\_\_\_\_  
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.)

Gregory C. Yadley  
\_\_\_\_\_  
Typed or printed name of signer

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **WONDERLAND LLC**.
2. The name and the Florida street address of the registered agent are:

C T Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

*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.*

*Barbara A Burke*

Signature

Barbara A. Burke  
Special Assistant Secretary

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TALLAHASSEE, FLORIDA

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