

MAY-16-2011 (MON) 15:57

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(FAX) 13-22-70

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FLORIDA LIMITED LIABILITY CO.  
WOB OF LAKE MARY, LLC

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EXAMINER

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**ARTICLES OF ORGANIZATION  
OF  
WOB OF LAKE MARY, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is WOB OF LAKE MARY, LLC.

**ARTICLE II – Address:**

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

12005 Whitmarsh Lane  
Tampa, FL 33626

**ARTICLE III – Management:**

The Limited Liability Company is to be managed by the members. The initial managing member shall be Grand Teton Investment Group, LLC.

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 15<sup>th</sup> day of May 2011.

  
\_\_\_\_\_  
Signature of 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.)

\_\_\_\_\_  
Bryan Brink  
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 **WOB OF LAKE MARY, LLC.**
2. The name and the Florida street address of the registered agent are:

Michael H. Robbins  
Shumaker, Loop & Kendrick, LLP  
101 E. Kennedy Boulevard  
Suite 2800  
Tampa, Florida 33602

*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.*

  
\_\_\_\_\_  
Signature

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