

09/14/2011

16:30 SHUMAKER LOOP & KENDRICK

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FLORIDA LIMITED LIABILITY CO.
NEPTUNE CAPITAL MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
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**Articles of Organization
Of
Neptune Capital Management, LLC**

ARTICLE I – Name:

The name of the limited liability company is Neptune Capital Management, LLC.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are as follows:

Principal Office Address:
101 E. Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

Mailing Address:
P.O. Box 18161
Tampa, Florida 33679-8161

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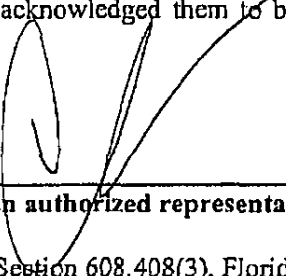
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ARTICLE III – Management:

The limited liability company is to be managed by a manager or managers.

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 13 day of September 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.)

C. Philip Campbell, Jr., Esq.
Typed or printed name of signee

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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 **Neptune Capital Management, LLC.**

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

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

I, 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

Registered Agent

Barbara A. Burke
Special Assistant Secretary

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