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**EXAMINER** 



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SUFFICIENCY OF FILMS

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SECRETARY OF STATE OF CORPORATIONS

# FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

09-19-2011

NAME:

WYNN GLOBAL LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

abbieHode

## **COVER LETTER**

TO:

Registration Section

Division of C	orporations		
SUBJECT: WYNN	GLOBAL LLC		
		Liability Company	
The enclosed Articles of	of Organization and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
Dean R. Blak			
	Ne	me of Person	
Wynn Global	ПС		
<del></del>	Fi	rm/Company	***************************************
1111 Brickell	Avenue, 11th Floor		
		Address	
Miami, FL 33			
	·	nte and Zip Code	
dblake@wy	nn-global.com  E-mail address: (to be used for t	uture annual report notification)	
For further information	concerning this matter, please ca	•	
Karen Rodriguez	a	777-2091	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or the following amount:	/	
□\$125,00 Filing Fee	Certificate of Status	\$155.00 Filing Fee & C Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

WYNN GLOBAL LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	

#### ARTICLE II - Address:

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

(Vialing Address:
1111 Brickell Avenue
11th Floor
Miemi, FL 33131

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a business entity with an active Florida registration.)

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

NRAI Services, Inc.

NRAI Services,	Inc.
	Name
515 East Park	Avenue
F	orida street address (P.O. Box NOT acceptable)
Tallahassee	FL 32301
	City, State, and Zip

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

Title: "MGR" = Man:	ager	Name and Address:
MOKINI MI	anaging Member	DEAN R. BLAKE
MGR		1111 Brickell Avenue, 11th Floor
<del></del>	<del></del>	Miami, FL 33131
•		
(Tice attachmen	tifnecessary)	
(Use attachmen	t if necessary)	
•	••	e date of filing: (OPTIO
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LE V: Effective fective date is is days after the d	e date, if other than the sted, the date must be late of filing.)  IGNATURE:  Signature of a member of this document constitut the facts stated he	er of an authorized representative of a member.  ection 688-408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury

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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)