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Florida Department of State
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Division of Corporations
Fax Number : (850) 617-6383

From:

GAIL S ANDRE

Account Name : LOWNDES, DROSDICK, DOSTER, KA NTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES AND RETURN A CERTIFICATION TO ME AS SOON AS POSSIBLE. THANK YOU.

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**FLORIDA LIMITED LIABILITY CO.
WFC FELDMAN, LLC**

Certificate of Status	0
Certified Copy	1
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B. KOHR

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EXAMINER

ARTICLES OF ORGANIZATION
OF
WFC FELDMAN LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this limited liability company is WFC Feldman, LLC (the "Company").

ARTICLE II - PRINCIPAL OFFICE

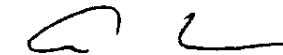
The mailing address and street address of the principal office of the Company is 2701 Maitland Center Parkway, Suite 225, Maitland, Florida 32751.

ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 215 North Eola Drive, Orlando, Florida 32801, and the name of the initial registered agent of the Company at that address is Amanda F. Wilson.

ARTICLE IV - MANAGEMENT

The Company is a member-managed limited liability company.



Amanda F. Wilson, Authorized Representative
of a Member

ACCEPTANCE OF REGISTERED AGENT

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, Florida Statutes.



Amanda F. Wilson