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ECHETARY OF STATE
LLAHASSEE. FLORIDA

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : W. KEVIN RUSSELL, P.A.

Account Number : I20050000181 Phone : (941)429-1871 Fax Number : (941)429-8961

**Enter the email address for this business entity to be used for furnannual report mailings. Enter only one email address please. ** I

Emell Address: MC/1550@WKexinrussell.com

FLORIDA LIMITED LIABILITY CO. WMS NORTH PORT RE 5, LLC

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ARTICLES OF ORGANIZATION OF WMS NORTH PORT RE 5, LLC, A LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles of Organization hereby certifies that:

ARTICLE I - Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "WMS NORTH PORT RE 5, LLC."

ARTICLE II - Address:

The mailing address and street address of the principal office of the Company is: WMS North Port RE 5, LLC, c/o W. Kevin Russell, P.A., 14295 S. Tamiami Trail, North Port, FL 34287.

ARTICLE III - Registered Agent:

The name and the Florida street address of the initial registered agent are: W. Kevin Russell, Esq., W. Kevin Russell, P.A., 14295 S. Tamiami Trail, North Port, FL 34287.

ARTICLE IV - Management:

The Company is to be managed by one manager or more managers and therefore manager managed company. The manager shall be WMS Sarasota Holdings, LLC, c/o W. Kevin Russell, P.A. 14295 S. Tamiami Trail, North Port, FL 34287.

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ARTICLE V - Limitation on Agency Authority of Members:

Pursuant to Section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

> W. Kevin Russell, Authorized Representative for 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.

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT OF WMS NORTH PORT RE 5, LLC.

I hereby accept the designation as registered agent to accept service of process for the above-stated limited liability company at the place designated in this statement. My street address is 14295 S. Tamiami Trail, North Port, FL 34287. 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 under Chapter 608, Florida Statutes.

W. Kevin Russell, Registered Agent

In accordance with Section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

2010 AUG 19 AM II: 53
RECRETARY OF STATE
RAPLAHASSEE FLORIDA