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CUSTOMER: Mr. Thomas Worden CUSTOMER: Mr. Thomas Worden WORDEN AND ASSOCIATES, P.A. WORDEN AND ASSOCIATES, P.A. 16521 San Carlos Boulevard Fort Myers, FL 33908 DOMESTIC FILING NAME: WORDEN FINANCIAL ADVISORY SERVICES, L L C EFFECTIVE DATE: XX ARTICLES OF INCORPORATION	AUTHORIZATION: Poticia Paper COST LIMIT: \$ 285.00 ORDER DATE: December 4, 1998 ORDER TIME: 11:03 AM ORDER NO.: 028308-005 CUSTOMER NO: 142548A CUSTOMER: Mr. Thomas Worden O WORDEN AND ASSOCIATES, P.A. WORDEN AND ASSOCIATES, P.A. 16521 San Carlos Boulevard To DOMESTIC FILING DOMESTIC FILING WORDEN FINANCIAL ADVISORY SERVICES, L L C EFFECTIVE DATE:
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CERTIFICATE OF LIMITED PARTNERSHIP	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY 9 97	PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. NAME

The name of the Limited Liability Company is: WORDEN FINANCIAL ADVISORY SERVICES, LLC

ARTICLE II. ADDRESS

The mailing addres and street address of the principal office of the Limited Liability Company is: 16521 San Carlos Boulevard, Fort Myers, Florida 33908.

ARTICLE III. DURATION

The period of duration for the Limited Liability Company shall be: 30 YEARS

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 16521 San Carlos Boulevard, Ft. Myers, Florida, 33908 and the name of the initial registered agent of the corporation at that address is Thomas E. Worden.

ARTICLE V. MANAGEMENT

The Limited Liability Company is to be managed by the members and the name and address of the managing member is:

Member:

Thomas E. Worden

16521 San Carlos Boulevard Ft. Myers, Florida 33908

SECRETARY OF STATE BIVISION OF CLERONSATIONS

The undersigned authorized representative of a member of WORDEN FINANCIAL ADVISORY SERVICES, LLC hereby executes these articles of organization on this 4th Day of December 1998.

CORPORATION SERVICE COMPANY

BY: Its Agent, Karen B. Rozar

AKC/sal

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:
	WORDEN FINANCIAL ADVISORY SERVICES, L L C
2,	The name and the Florida street address of the registered agent and office are:
	THOMAS E. WORDEN (Name)
	16521 SAN GARLOS BOULEVARD Florida street address (P.O. Box NOT ACCEPTABLE)
	FT. MYERS, FL 33908 City/State/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 disties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of WORDEN FINANCIAL ADVISORY SERVICES, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 2 dd day of December, 1998

TYPED OR PRINTED NAME

WITNESS S

TYPED OR PRINTED NAME

WITNESS MILLY

TYPED OR PRINTED NAME

sal

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of WORDEN FINANCIAL ADVISORY SERVICES, LLC deposes and says:

- 1) the above named limited liability company has at least one member:
- 2) the total amount of cash contributed by the member(s)
 is \$1000.00 :
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0: Please provide description of same.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$0:

5) the total amount of 2, 3, and 4 is: \$1000.00.

Karen B. Rozar as agent for Corporation Service Company in its capacity as authorized representative of a member of WORDEN FINANCIAL ADVISORY SERVICES, LLC