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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (877) 527-3463
Fax Number : (305) 675-2811

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DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

BODHICITTA PRESENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
BODHICITTA PRESENTS LLC

ARTICLE II ADDRESS

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

27223 Overseas Hwy
Ramrod Key, FL 33042-5344

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

DR. CAROLYN GILLMAN
27223 Overseas Hwy
Ramrod Key, FL 33042-5344

Having been named as registered agent 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..

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DR. CAROLYN GILLMAN / Registered Agent's

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

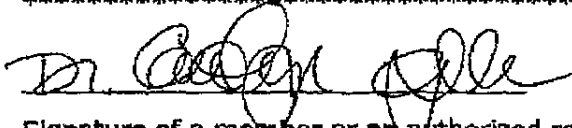
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Page 2 BODHICITTA PRESENTS LLC

ARTICLE V MEMBERS (optional)

MANAGING MEMBER:
DR. CAROLYN GILLMAN
27223 Overseas Hwy
Summerland Key, FL 33042-5344



Signature of a member or an authorized representative of a
(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.

DR. CAROLYN GILLMAN
Typed or printed name of signee

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TALLAHASSEE, FLORIDA