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#### BRASHEAR & ASSOC. P.L.

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926 N.W. 13th Street Gainesville, FL 32601-4140 voice: 352/336-0800 fax: 352/336-0505

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BRUCE BRASHEAR

WILLIAM CLAYTON MARTIN III

October 18, 2004 601977

Secretary of State Division of Corporations P.O. Box 6327

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Tallahassee, FL 32314

RE: PSYCHEDELIC SHACK, LLC

Gentlemen:\_\_\_\_

Please find the original and one (1) copy of the Articles of Organization for the abovereferenced LLC. Upon filing should you determine that this LLC's name is too similar to that of an existing LLC, please call this office collect before returning the enclosed documents.

Also enclosed, please find our check in the amount of \$155.00 representing the following:

Filing Fee \$100.00 Registered Agent Fee \$25.00 \$30.00. \$25.00 Certified Copy

After filing the original Articles of Organization, please return our copy to this office at the address listed above.

Sincerely,

BRASHEAR & ASSOC., P.L.

Christy L. Chaffin, Legal Assistant

## ARTICLES OF ORGANIZATION OF PSYCHEDELIC SHACK, LLC

The undersigned members adopt the following Articles of Organization pursuant to the provisions of the Florida Limited Liability Company Act (the "Act").

## ARTICLE I NAME OF COMPANY

The name of the limited liability company is PSYCHEDELIC SHACK, LLC (the "Company").

#### ARTICLE II PERIOD OF DURATION

The Company shall terminate on October 31, 2104.

## ARTICLE III REGISTERED OFFICE AND AGENT

The address of the Company's principal office and mailing address is P.O. Box 20908, Tallahassee, Fl 32316. The name and address of the Company's initial registered agent in the State of Florida is Kenneth Jones, P.O. Box 20908, Tallahassee, Fl 32316.

## ARTICLE IV REQUIREMENTS FOR ADMISSION OF ADDITIONAL MEMBERS

Additional persons may be admitted to the Company as members and membership interests may be created and issued to these persons upon the approval of the members entitled to vote.

## ARTICLE V DISSOLUTION AND RIGHT TO CONTINUE BUSINESS

The Company shall be dissolved upon the first to occur of the following:

- (a) The expiration of the term of the Company;
- (b) The unanimous written consent of all the Company's members;
- (c) The death, retirement, resignation, expulsion, dissolution or bankruptcy of a member, or any other event which terminates the membership of a member in the Company, <u>unless</u> within ninety (90) days after such event all of the remaining members agree in writing to continue the business of the Company.

#### ARTICLE VI MANAGEMENT

In accordance with the Company's regulations, the Company will be managed by Kenneth Jones, P.O. Box 20908, Tallahassee, Fl 32316.

#### ARTICLE VII PURPOSE

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

IN WITNESS WHEREOF, THE FOLLOWING MEMBER HAS EXECUTED THESE ARTICLES OF ORGANIZATION ON THIS \_/4\_ DAY OF \_\_\_\_\_\_\_\_, 2004.

KENNETH JONES

#### STATE OF FLORIDA COUNTY OF ALACHUA

Before me personally appeared KENNETH JONES who is known to me to be the person who executed the foregoing Articles of Organization on behalf of PSYCHEDELIC SHACK, LLC.

In witness whereof, I have hereunto set my hand and seal on this \( \frac{\mathcal{H}}{2004} \) day of \( \frac{\text{Octobell 2004}}{2004} \).



Notary Public State at Large

Printed Name

My Commission Expires:

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: PSYCHEDELIC SHACK, LLC.
- 2. The name and address of the registered agent and office is:

Kenneth Jones 410 Christian Loop Havana, Fl 32333

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.

KENNETH JONES, Registered Agent

Date: 10-14-04