Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: CLARION VENTURES, INC. Account Name

Account Number : I20030000026 : (801)721-4788 Phone:

: (801)475-6420 Fax Number

LIMITED LIABILITY COMPANY

Funhouse Depot, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

JIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Funhouse Depot LLC

ARTÍCLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 6542 Hypoluxo Road #158

Lake Worth, Florida 33467

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

	Douglas Biggs		
	,, -	Name	_
	6049 Indian Forest Ci	ircle	
	Florida street address (P.O. Box NOT acceptable)		-
	Lake Worth,	_{FL} 33463	
•	Cit	y, State, and 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a 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)

Douglas Biggs

Typed or printed name of signed

Filing Feet:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)