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CHURTHART OF STATE TALLAHASSEE, FLORIDA

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

October 17, 2003

Dear Madam or Sir,

We enclose herewith Transmittal Letter and Articles of Organization for Florida Limited Liability Company for registration of FuzzbeeBear LLC. I can be contacted at (561) 504-4745 to answer your questions. Our check (check # 4462) in the amount of \$125.00 is attached.

Sincerely

Jeffrey G Hillier

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	FILED 03 OCT 20 AM 8: 18
SUBJECT: FUZZBEEBEAR LLC	
(Name of Limited L	iability Company) FRU LAMASSEE, FLORIDA
The enclosed Articles of Organization and fee(s) Please return all correspondence concerning this	
JEFFREY G. HILLIER	
(Name of Person)	
(Firm/Company)	
2622 NW 49TH STREET (Address)	,
BOCA RATON, FL 33434	
(City/State and Zip Code)	Company of the Association of th
For further information concerning this matter, pl	
JEFFREY G. HILLIER at ((Name of Person)	(Area Code & Daytime Telephone Number)
(Name of Ferson)	(Alea Code & Daysinie Telephone (Admoet)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: FUZZBEEBEAR LLC

03 OCT 20 AM 8: 18

MEUNETARY OF STATE
JALLAHASSEE, FLORIDA

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

Principal Office Address: 2622 NW 49TH STREET BOCA RATON, FL 33434		Mailing Address:				
		2622 NW 49TH STREET BOCA RATON, FL 33434				
	JEFFREY G. HILLIER					
	Name					
	2622 NW 49TH STREET					
	Florida street address (P.O. Box 1	IOT acceptable)				
	BOCA RATON FL	33434				
	City, 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..

(CONTINUED)

Régistered Agent's Signature

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	ging Member(s): r or Managing Member is as follows:	,	
	•	FILI	ED 🕟
<u>Title:</u> "MGR" = Manager	Name and Address:	03 DCT 20	AM 8: 18
"MGRM" = Managing Member		I EDMLIARI I ALL MIASSE ROFAU	UH STATE E. FLORIDA
MGRM	6. CHRISTIAN GE		
	SACRAMENTO, CA	95812	
MGRM	MARK L. HOLM 1050 LAKE GLVD.	MN	
	DAVIS CA 95616	40418	
MGRM	2622 NW 49th S	TREET 33434	
		-	
(Use attachment if necessary)			
NOTE: An additional article must b	e added if an effective date is reque	sted.	
REQUIRED SIGNATURE:			
	21	. •	
	r or an authorized representative of a men		
(In accordance with sec of this document consti that the facts stated her	ction 608.408(3), Florida Statutes, the executi- tutes an affirmation under the penalties of per rein are true.)	on jury	
Jeffre Ty	y G. HILLIEM ped or printed name of signee	_	. -

Filing Fees:
\$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)