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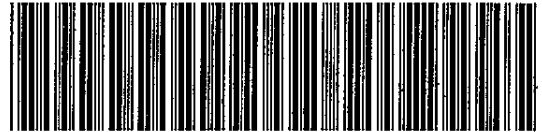
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TREASURY

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scandinavian Histourism, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katherine Crouch-Svensson
(Name of Person)

Scandinavian Histourism, L.L.C.
(Firm/Company)

2602 SW Ace Road
(Address)

Port Saint Lucie, Florida 34953
(City/State and Zip Code)

For further information concerning this matter, please call:

Katherine Crouch-Svensson at (772) 344-2242
(Name of Person) (Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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:

Scandinavian Histourism, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

2602 SW Ace Road

Port Saint Lucie, Florida 34953

Mailing Address:

P.O. Box 7211

Port Saint Lucie, Florida 34985

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

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

Erik Svensson

Name

2602 SW Ace Road

Florida street address (P.O. Box **NOT** acceptable)

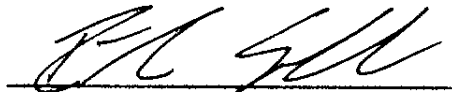
Port Saint Lucie

FLORIDA 34953

City, State, and Zip

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DIVISION OF CORPORATIONS
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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, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Erik Svensson

2602 SW Ace Road

Port Saint Lucie, Florida 34953

MGRM

Katherine Crouch-Svensson

2602 SW Ace Road

Port Saint Lucie, Florida 34953

MGRM

Henrik Jonasson

Gyllenborgsgatan 22, 112 43 Stockholm

Sweden

MGRM

Matthew Nelson

Tunagatan 32 C, 753 37 Uppsala

Sweden

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Erik Svensson

Typed 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)

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DIVISION OF STATE
REGISTRATION