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(City/State/Zip/Phone #)

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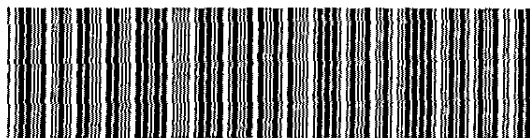
(Business Entity Name)

(Document Number)

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2004 JUN 16 PM 1:57  
TALLAHASSEE, FLORIDA

J. BRYAN JUN 17 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Silly Money, LLC  
(Name of Limited Liability Company)

FILED  
2004 JUN 16 PM 1:57  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Sylvia Holland

(Name of Person)

Silly Money, LLC

(Firm/Company)

P.O. Box 28237

(Address)

PANAMA City, FL 32411

(City/State and Zip Code)

For further information concerning this matter, please call:

SYLVIA HOLLAND

(Name of Person)

at ( 850 ) 236-8110

(Area Code & Daytime Telephone Number)

**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

FILED  
2004 JUN 16 PM 1:57  
JULIEN INCORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Silly Money, LLC

ARTICLE II - Address:

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

Principal Office Address:

P.O. Box 28237  
PANAMA City, FL 32411

Mailing Address:

P.O. Box 28237  
PANAMA City, FL 32411

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

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

SYLVIA HOLLAND  
Name

1613 WAHOO LANE  
Florida street address (P.O. Box NOT acceptable)

PANAMA City FLORIDA 32411  
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, Florida Statutes..*

Sylvia Holland  
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:**

MGR

Sylvia Holland  
P.O. Box 28237  
PANAMA CITY, FL 32411

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Sylvia Holland  
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.)

SYLVIA HOLLAND  
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)

FILED  
2004 JUN 16 PM 1:57  
Sylvia Holland  
TALLAHASSEE, FLORIDA