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Matt.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: ISAKSEN LAW FIRM

Account Number : I20040000059

: (813)272-2007

Fax Number

: (813)354-4748

LIMITED LIABILITY COMPANY

OLD SCHOOL COLLECTIBLES, LLC

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ARTICLES OF ORGANIZATION FOR

OLD SCHOOL COLLECTIBLES, LLC

The undersigned, for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization:

<u>ARTICLE I</u>

NAME OF COMPANY

The name of the Limited Liability Company is OLD SCHOOL COLLECTIBLES, LLC.

ARTICLE II

MAILING ADDRESS OF COMPANY

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

101 Philippe Parkway, Suite 313 Safety Harbor, Florida 34695

ARTICLE III

INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Limited Liability Company is 415 S. MacDill Avenue, Tampa, Florida 33609 and the name of its initial registered agent at the address is JENNIFER ISAKSEN.

ARTICLE IV

The Limited Liability Company is to be Member Managed.

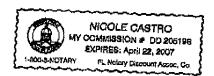
IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this

June 4, 2004.

JENNIFER ISAKSEN

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this June 21, 2004, by JENNIFER ISAKSEN, who is personally known to me or produced for identification.



NOTARY PUBLIC

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CONSENT TO BE REGISTERED AGENT

Following is the name and address of the initial registered agent of the limited liability company, OLD SCHOOL COLLECTIBLES, LLC. Having been named as registered agent, the undersigned agrees and accepts said designation.

JENNIFER ISAKSEN 415 S. MacDill Avenue Tampa, Florida 33609

JEMNIFER ISAKSEN

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

NICOLE CASTRO
MY COMMISSION # DD 205196
EXPIRES: April 22, 2007
FL Noticy Discount Assoc. Co.

The foregoing instrument was acknowledged before me this June **Z/**, 2004, by JENNIFER ISAKSEN, who is personally known or produced ______ for identification.

NOTARY PUBLIC