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Florida Department of State
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TALLAHASSEE, FLORIDA

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To:

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From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BLIND EYE PICTURES LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
BLIND EYE PICTURES LLC

ARTICLE II ADDRESS

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

PO BOX 4487

WINTER PARK, FL 32792-9997

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JAMES F. WEST

723 MORRISSEY DR

ORANGE CITY FL 32763

Having been named as registered agent 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..



JAMES F. WEST. Registered Agent's Signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

JAMES F. WEST

PO BOX 4487

WINTER PARK, FL 32792-9997

MANAGING MEMBER

DANIEL LAUER

PO BOX 4487

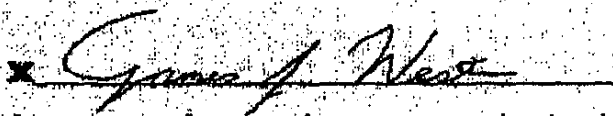
WINTER PARK, FL 32792-9997

MANAGING MEMBER

JOSHUA MARTIN

PO BOX 4487

WINTER PARK, FL 32792-9997



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.

NAME OF SIGNER JAMES F. WEST
Typed or printed name of signee

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