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Florida Department of State
Division of Corporations
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Vuseate (Chubana)

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SPELLBOUND BOOKS & GIFTS, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
LIMITED LIABILITY COMPANY
SPELLBOUND BOOKS & GIFTS, LLC**

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DIVISION OF CORPORATIONS
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ARTICLE I

The name of this Limited Liability Company is **SPELLBOUND BOOKS & GIFTS, LLC**. The corporation's registered office is located at: 26330 SW 131 CT., Homestead, Florida 33032.

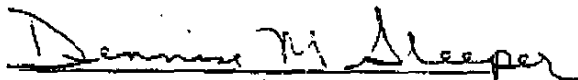
ARTICLE II

The mailing and street address of the principal office of the Limited Liability Company is 26330 SW 131 CT. Homestead, Florida 33032.

ARTICLE III

The name and the Florida street address of the registered agent are Dennise M. Sleeper, 26330 SW 131 CT. Homestead, Florida 33032.

Having been named as registered agent and to accept services 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.



Registered Agent's Signature

ARTICLE 1V

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	Dennise M. Sleeper 26330 SW 131 CT Homestead, FL 33032
Managing Member	Thomas G. Sleeper 26330 SW 131 CT Homestead, FL 33032

REQUIRED SIGNATURE:

Dennise M. Sleeper

Signature of a member or an authorized representative of a member:
Dennise M. Sleeper

(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.)

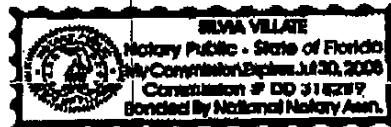
State of Florida

County of Dade

The foregoing instrument was executed and acknowledged before me this 5th day of August, 2006, by Dennise Sleeper.

Julia Wilbatt

Notary Public
State of Florida
My Commission Expires:



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