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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

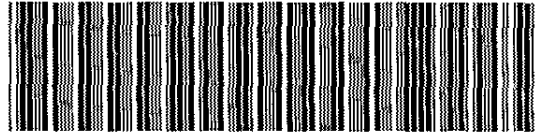
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Williams, Gautier, Gwynn & DeLoach, P.A.

Requestor's Name

Post Office Box 4128

Address

Tallahassee, FL 32315 850-386-3300

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PaddleDog Nation, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA
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- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
PADDLEDOG NATION, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:

"PaddleDog Nation, LLC"

ARTICLE II — Address:

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

3023 Shannon Lakes North #102
Tallahassee, Florida 32309

ARTICLE III — Registered Agent:

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

Timothy J. O'Brien
3023 Shannon Lakes North #102
Tallahassee, Florida 32309

ARTICLE IV — Members:

The initial members of the Company are:

William Reynolds


Timothy J. O'Brien

Dianne O'Brien

ARTICLE V — Management:

The Company is to be managed by the managing members and is, therefore, a manager-managed company.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative and acknowledged them to be my act this 19th day of September, 2006.


Timothy J. O'Brien

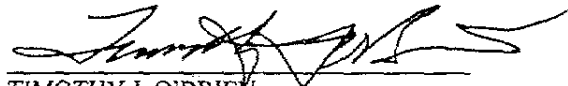
(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


TIMOTHY J. O'BRIEN

Filing Fee: \$100.00 for Articles of Organization
 \$ 25.00 for Designation of Registered Agent