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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

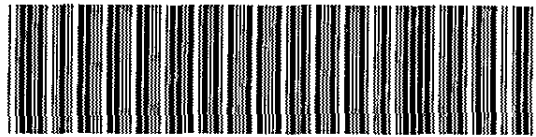
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1. Dead By Friday, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION OF
DEAD BY FRIDAY, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I — Name

The name of the Limited Liability Company is: DEAD BY FRIDAY, LLC.

ARTICLE II — Address

The mailing address and address of the principal office of the Limited Liability Company is:
12642 Lysterfield Court, Orlando, Florida 32873.

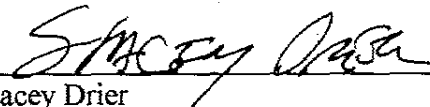
Article III — Registered Agent, Registered Office

The name and the street address of the initial registered agent are: Donna L. Draves, Esq.,
120 East Concord Street, Orlando, Florida 32801.

Article IV — Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a
manager-managed company. The name and address of the initial manager of the company is: Stacey
Drier, 12642 Lysterfield Court, Orlando, Florida 32873.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge
them to be my act this 20th day of September, 2006.



Stacey Drier
Authorized Representative

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared STACEY DRIER to me known to be the person described in, who presented a Florida driver's license as identification and who executed the foregoing Articles of Organization and who acknowledged before me that he executed the same.

WITNESS my hand and official seal this 20th day of September, 2006.



Deborah A. Samuel
My Commission DD170991
Expires January 12, 2007

Deborah A. Samuel
NOTARY PUBLIC, STATE OF 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 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 under Chapter 608, Florida Statutes.

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

REGISTERED AGENT:

Donna L. Draves
DONNA L. DRAVES, ESQ.

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared Donna L. Draves to me known to be the person described in and who executed the foregoing Designation and Acceptance and she acknowledged before me that she executed the same.

WITNESS my hand and official seal this 20th day of September, 2006.



Deborah A. Samuel
My Commission DD170991
Expires January 12, 2007

Deborah A. Samuel
NOTARY PUBLIC, STATE OF FLORIDA