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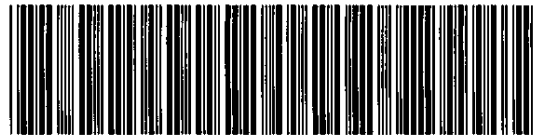
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Carill Worldwide, LLC

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- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
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- ☐ Dissolution / Withdrawal _____
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- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
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- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
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Signature _____

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Name

Date

Time

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**ARTICLES OF ORGANIZATION
FOR
CARILL WORLDWIDE, L.L.C.**

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TALLAHASSEE, FLORIDA

**ARTICLE I.
Name**

The name of the limited liability company (the "Company") is:

CARILL WORLDWIDE, L.L.C.

**ARTICLE II.
Mailing and Street Address**

The mailing address and street address of the Company is 2594 SW 102ND Drive, Davie, Florida 33324.

**ARTICLE III.
Registered Agent**

The name and street address of the initial registered agent of the Company for service of process in the State of Florida is GARY S. PHILLIPS, 4000 Hollywood Boulevard, Suite 375 South, Hollywood, Florida 33021.

**ARTICLE IV.
Subscriber**

The name and address of the person executing these Articles of Organization as an authorized representative of a Member of the Company is GARY S. PHILLIPS, 4000 Hollywood Boulevard, Suite 375 South, Hollywood, Florida 33021. Said person shall not be liable, in any form or fashion, for any acts or omissions of the Company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 20th day of June, 2007.



GARY S. PHILLIPS

STATE OF FLORIDA

)

:ss

COUNTY OF BROWARD

)

BEFORE ME, a Notary Public authorized in the County and State set forth above, personally appeared GARY S. PHILLIPS personally known to me, or who has produced _____ as identification, to be the person who, as an authorized representative of a Member of the Company, executed the foregoing Articles of Organization of CARILL WORLDWIDE, L.L.C., and he acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State last aforesaid, this 20th day of June, 2007.

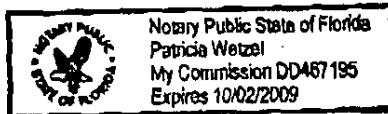
Patricia Wetzel

NOTARY PUBLIC - State of Florida

PATRICIA WETZEL

Name of Notary - Please Print

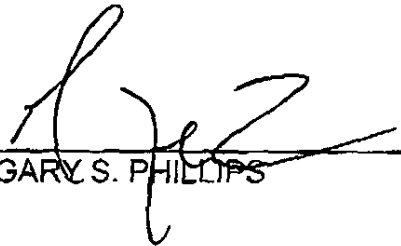
My Commission Expires:



ACCEPTANCE BY REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED COMPANY, AT THE PLACE DESIGNATED IN ARTICLE IV OF THESE ARTICLES OF ORGANIZATION, THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT IT IS FAMILIAR WITH, AND ACCEPTS, THE OBLIGATIONS OF THAT POSITION, AND FURTHER AGREES TO ACT IN THIS CAPACITY, AND TO COMPLY WITH THE COMPLETE DISCHARGE OF HIS DUTIES.

DATED THIS 28 DAY OF JUNE, 2007.


GARY S. PHILLIPS