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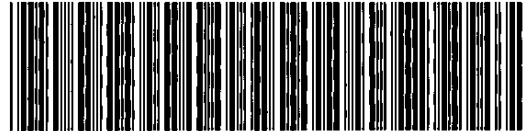
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 068378 7332376

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$125.00

ORDER DATE : August 23, 2007

ORDER TIME : 2:25 PM

ORDER NO. : 068378-005

CUSTOMER NO: 7332376

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: TREASURE BOX ARCADE OF
GAINESVILLE, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
OF
TREASURE BOX ARCADE OF GAINESVILLE, LLC

Article I

Name. The name of this Florida Limited Liability Company is TREASURE BOX ARCADE OF GAINESVILLE, LLC.

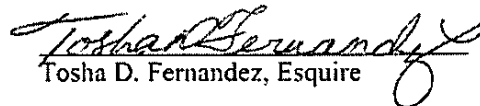
Article II

Principal Office and Mailing Address. The principal place of business and mailing address of this Limited Liability Company shall be 405 NW 13th Street, Gainesville, Florida, 32601.

Article III

Registered Agent. The street address of the initial registered office of this Limited Liability Company is 527 East University Avenue, Gainesville, Florida 32602, and the name of the initial registered agent of this Limited Liability Company is Tosha D. Fernandez, Esquire.

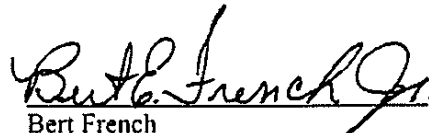
I, Tosha D. Fernandez, Esq., hereby accept the appointment as registered agent for TREASURE BOX ARCADE OF GAINESVILLE, LLC. I am familiar with and accept the obligations of that position as provided for in Chapter 608 of the Florida Statutes.


Tosha D. Fernandez, Esquire

Article IV

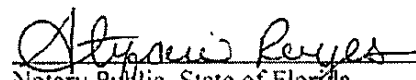
Managing Member. The name and address of the Managing Member is Bert French, P.O. Box 1635, Melrose, Florida 32666.

IN WITNESS WHEREOF, the undersigned Managing Member has executed these Articles of Organization this 23rd day of August, 2007.


Bert French
Managing Member

STATE OF FLORIDA
COUNTY OF ALACHUA

The foregoing instrument was acknowledged before me this 23rd day of August, 2007 by Bert French, Tosha Fernandez, and N/A, who are personally known to me or who have produced _____ as identification and who did not take an oath.


Notary Public, State of Florida
My Commission Expires:

