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(Requestor's Name)

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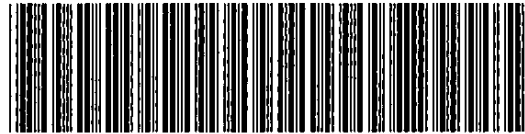
\_\_\_\_\_  
(Business Entity Name)

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(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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## Cover Letter

Date: September 6, 2007

To: Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Subject: At Wits' End Gift Solutions, LLC

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The enclosed Articles of Organization and fees are hereby submitted for filing.

Please return all correspondence concerning this matter to:

Margaret I. Barrett  
At Wits' End Gift Solutions, LLC  
P.O. Box 143  
DeLand, FL 32721-0143

For further information regarding this matter, please call Margaret Barrett at 386-837-8298.

Enclosed is a check for \$160 to cover the Filing Fee, and to obtain a Certificate of Status and Certified Copy. An additional copy of the Articles is enclosed.

Thank you.

  
Margaret I. Barrett

**ARTICLES OF ORGANIZATION  
OF  
AT WITS' END GIFT SOLUTIONS, LLC**

The undersigned natural person, of the age of eighteen years or more, acting as organizer of a limited liability company pursuant to Chapter 608, Florida statutes, adopts the following Articles of Organization for such Limited Liability Company:

**ARTICLE I: *Name of Limited Liability Company***

The name of this Limited Liability Company is **At Wits' End Gift Solutions, LLC.**

**ARTICLE II: *Principal Office Street Address and Mailing Address***

The mailing address and street address of the principal office of the Limited Liability Company are:

**Principal Office Address:**

901 Dove Hunter Road  
DeLand, Florida 32724

**Mailing Address:**

P.O. Box 143  
DeLand, Florida 32721

**ARTICLE III: *Registered Agent, Registered Office & Registered Agent's Signature***

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

Margaret I. Barrett  
901 Dove Hunter Road  
DeLand, Florida 32724

*Having been named as registered agent and to accept service 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.*

  
Signature of Registered Agent

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**ARTICLE IV: Manager(s) or Managing Member(s):**

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

Key: "MGR" = Manager "MGRM" = Managing Member

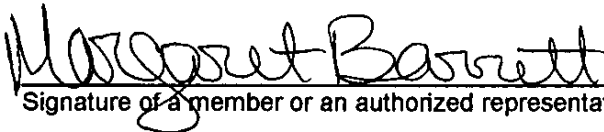
**Title: Name and Address:**

MGRM Margaret I. Barrett, 901 Dove Hunter Rd, DeLand, FL 32724

**ARTICLE V: Effective Date**

Effective date, if other than the date of filing: N/A. (OPTIONAL)

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member

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.

Margaret I. Barrett

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)

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