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To:

Division of Corporations

Fax Number,

: (850)617-6383

Account Name

: CSH SERVICES, LLC

Account Number : 120070000160

Phone

: (800)494-3124

Fax Number

: (561)455-9885

## DRIDA/FOREIGN LIMITED LIABILITY CO

#### THAT WRAPS IT LLC

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

#### ARTICLE I NAME

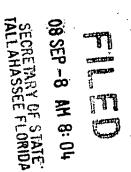
The name of the Limited Liability Company is: THAT WRAPS IT LLC

#### ARTICLE II ADDRESS

The principal office of the Limited Liability Company is: 2880 SWEETHOLLY DRIVE JACKSONVILLE, FLORIDA 32223

The mailing address of the Limited Liability Company is: P.O. BOX 24447

JACKSONVILLE, FLORIDA 32241



# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

TERRI E. BROWN 2880 SWEETHOLLY DRIVE JACKSONVILLE, FLORIDA 32223

Having been named as registered agent 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 complywith 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..

x Je E Bron

TERRI E. BROWN / Registered Agent's signature

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THAT WRAPS IT LLC

### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

#### ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

TERRI E. BROWN

P.O. BOX 24447

JACKSONVILLE, FLORIDA 32241

SEP-8 M 8: 04

X Je E Rom

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.

TERRI E. BROWN