08000/02605

| (Requestor's Name) |
|---|
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| A. LUNT |
| NOV 3 2008 |
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COVER LETTER

| TO: | Registration Division of C | | | | |
|---------|-------------------------------|---|--|-------------------------|---|
| SUBJ | ECT. GOIN | G BONKERS LLC |) /. | | • |
| SUBJ | EC1 | | ited Liability Compa | any) | , |
| The en | nclosed Articles | of Organization and fee(s) are | submitted for filing | g. | |
| Please | return all corres | pondence concerning this ma | tter to the following | g ; | |
| | WHITEFO | ORD LEWIS | | | |
| | | | (Name of Person) | | |
| | GOING B | ONKERS LLC. | | | |
| | | | (Firm/Company) | | |
| | 7507 KIN | GSPOINTE PKW | Y SUITE 101 | 1 | = |
| | | | (Address) | | SE SE |
| | ORLAND | O FL. 32819 | | | OCT : |
| | | (Ci | ty/State and Zip Code | :) | SER - |
| For fur | ther information | concerning this matter, pleas | e call: | | PR 2: OF STA |
| WHI | TEFORD | LEWIS | 407 | 420-9707 | RIDA RIDA |
| | | e of Person) | at ((Area Code | e & Daytime Telephone 1 | Number) |
| Enclos | sed is a check f | or the following amount: | | | |
| \$125. | 00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Certified Cop (additional copy | y Certi | .00 Filing Fee, ficate of Status & ified Copy |
| | | | | (addii | tional copy is enclosed) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Division of Clifton Bo 2661 Exec | of Corporations | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | |
|--|--|
| GOING BONKERS LLC. (Must end with the words "Limited Liabil | lity Company "L.L.C." or "L.L.C.") |
| (Musicula with the words Elittled Elaut | ny Company, B.E.C., W. EEC. 3 |
| ARTICLE II - Address: | |
| The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 7507 KINGSPOINTE PKWY | 7507 KINGSPOINTE PKWY |
| SUITE 101 | SUITE 101 |
| ORLANDO FL. 32819 | ORLANDO FL. 32819 |
| The name and the Florida street address of the r WHITEFORD LEWIS Name | CRE CO |
| 7507 KINGSPOINTE | PKVVY # 101 Mo |
| Florida street add | ress (P.O. Box NOT acceptable) |
| ORLANDO | FL 32819 |
| City, State, a | nd Zip S |
| liability company at the place designated in to registered agent and agree to act in this capacity statutes relating to the proper and complete pe | accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S |

(CONTINUED) Page 1 of 2

gent's Signature (REQUIRED)

| Title: | | Name and Address: | |
|--|--|--|--------------------------------|
| "MGR" = Mana | • | | |
| "MGRM" = Ma | naging Member | | |
| MGR | | WHITEFORD LEWIS | |
| | | 7507 KINGSPOINTE PKWY # 10 | 1 |
| | | ORLANDO FL. 32819 | |
| MGR | | MARY PHELPS | |
| | | 4721 CASTLE HAYNE RD. | |
| | | CASTLE HAYNE, N.C. 28429 | Fs 2 |
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| LE V: Effective fective date is lis | date, if other than the | e date of filing: | |
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| LE V: Effective fective date is list days after the d | date, if other than the sted, the date must ate of filing.) GNATURE: | e date of filing: be specific and cannot be more that oer or an authorized representative of a | n five business (|
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Page 2 of 2