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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : 120010000247 Phone : (800)494-3124 Fax Number : (561)455-9885

FLORIDA/FOREIGN LIMITED LIABILITY CO.

INOV 21 PH 3: 26
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JUMPING 4 HIM 2, LLC

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EXAMINER

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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:

JUMPING 4 HIM 2, LLC

ARTICLE II ADDRESS

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

6661 SEGOVIA CIRCLE NORTH
PEMBROKE PINES, FLORIDA 33331

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

TODD WEHN

6661 SEGOVIA CIRCLE NORTH

PEMBROKE PINES, FLORIDA 33331

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 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.

TODD WEHN / Registered Agent's signature

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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
TODD WEHN
6661 SEGOVIA CIRCLE NORTH
PEMBROKE PINES, FLORIDA 33331

MANAGING MEMBER
MICHELLE WEHN
6661 SEGOVIA CIRCLE NORTH
PEMBROKE PINES, FLORIDA 33331

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Signature of a member of 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.

TODD WEHN

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