# Department of State

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### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### Craftshop Shuffle LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
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## FAX AUDIT # +0900015 3303

# ARTICLES OF ORGANIZATION OF Craftshop Shuffle LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Craftshop Shuffle LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1219 Baycove Lane, Lutz, Florida 33549.

#### ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Robert Nick, 1219 Baycove Lane, Lutz, Florida 33549. Located in the County of Pasco.

#### ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

#### ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Sandra Jenkins, 519 Heather Rd., Exton, Pennsylvania 19341 William Danby, 512 Brookview Rd., Exton, Pennsylvania 19341 B&K Web Enterprises, Inc., 1219 Baycove Lane, Lutz, Florida 33549

Date: January 20, 2009

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison,

WI 53717

(608) 827-5300

# FAX AUDIT # 469000 15 3303

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Craftshop Shuffle LLC

The name and address of the registered agent and office is Robert Nick, 1219 Baycove Lane, Lutz, Florida 33549. Located in the County of Pasco.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature Robert Nick

Date: 01/21/09

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SECRETARY OF STATE
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