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Florida Department of State  
Division of Corporations  
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**L. SELLERS**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

MAY 19 2009

**EXAMINER**

From:  
Account Name : A.A.A.T.T, CPA  
Account Number : T20000000192  
Phone : (407) 298-3900  
Fax Number : (407) 298-0660

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**LOOSEMONKEY.COM, LLC.**

Certificate of Status	1
Certified Copy	0
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**LOOSEMONKEY.COM, LLC.**

(Must end with the words "Limited Liability Company," "L.L. Co." or "LLC.")

**ARTICLE II - Address:**

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

**3504 LAKE LYNDY DR, STE 110**

**ORLANDO, FL 32817**

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)


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

**REZA ARFIN**

**1013 NATIVE CT**

**OVIEDO, FL 32766**

*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.*

  
REZA ARFIN / Registered Agent's Signature

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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:

"MGR" = Manager  
"MGRM" = Managing Member

REZA ARFIN, MGRM  
1013 NATIVE CT  
OVIDO, FL 32766

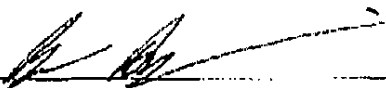
REZA CHOWDHURY, MGRM  
14848 YORKSHIRE RUN DR  
ORLANDO, FL 32828

NADIMUR RAHMAN, MGRM  
9220 SAN FRANCISCO  
BROSSARD, QUEBEC  
J4X-2N9 CANADA

TOM MCGUIRE, MGRM  
300 SHEDAH BLVD APT 804  
WINTER SPRINGS, FL 32708

**ARTICLE V:** Effective date, if other than the date of filing: **MAY 11, 2009**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

REZA ARFIN

\_\_\_\_\_  
Typed or printed name of signer

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