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

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

MAD WRAPPER, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Mad Wrapper, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
600 Azalea Avenue	600 Azalea Avenue
Suite 1	Suite 1
Merritt Island, FL 32952	Merritt Island, FL 32952

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

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

David K. Brainard
Name

600 Azalea Avenue, Suite 1
Florida street address (P.O. Box NOT acceptable)

Merritt Island FL 32952
City, State, and Zip

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.

Registered Agent's Signature

(CONTINUED)

BlumbergExcelsior Corporate Services, Inc.
62 White Street, NYC 10013
(212)431-5000

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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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	David K. Brainard 600 Pontiac Avenue, Suite 1 Merritt Island, FL 32952
MGRM	Kimberly S. Brainard 600 Pontiac Avenue, Suite 1 Merritt Island, FL 32952

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of an authorized or an authorized representative of a member.

(In accordance with section 608.4101(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David K. Brainard
Typed or printed name of signer

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 8.75 Certificate of Status (Optional)

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