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FLORIDA/FOREIGN LIMITED LIABILITY CO.
Off The Wall Events, LLC

Certificate of Status	0
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EXAMINEE

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SECRETARY OF STATE
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FAX AUDIT # H090002595913

**ARTICLES OF ORGANIZATION
OF
Off The Wall Events, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Off The Wall Events, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 999 Charles Street, Longwood, Florida 32750.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Brett Lawicki, 999 Charles Street, Longwood, Florida 32750. Located in the County of Seminole.


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 name and address of the member of the Limited Liability Company is:

Climb Orlando, Inc., 999 Charles Street, Longwood, Florida 32750



Business Filings Incorporated, Organizer
Mark Williams, A.V.P.
Authorized Representative

Date: December 14, 2009

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
608-827-5300

FAX AUDIT # H090002595913

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TALLAHASSEE, FLORIDA

FAX AUDIT # H090002595913CERTIFICATE 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: Off The Wall Events, LLC

The name and address of the registered agent and office is Brett Lawicki, 999 Charles Street, Longwood, Florida 32750. Located in the County of Seminole.

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: Brett Lawicki

Brett Lawicki

Date: 12/15/09RECEIVED
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