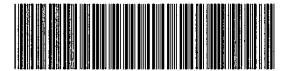
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SILLI

SECRETARY OF STRIE DIVISION OF CORPORATIONS

COVER LETTER

Division of Corporations	*			
SUBJECT: YOU-niversal Creations				
Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s) are s	<u>-</u>			
Please return all correspondence concerning this matter	er to the following:			
Heather DeRigo				
	Name of Person			
	Firm/Company			
8591 Carley Sound Circle	, ,			
ooo i Garley Gouria Gircle	Address			
Tampa, FI 33647				
City/State and Zip Code				
info@hderigo.com or artist@hderigo.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please	·			
Heather DeRigo	at (813 770-8313			
Name of Person	Area Code & Daytime Telephone Number			
Enclosed is a check farshe following amount:				
7\$125.00 Filing Fee & Status # 130 WONEY OF	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company i	is:	
YOU-niversal Creations, LLC		
(Must end with the words "Limited Lia	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
8591 Carley Sound Circle	8591 Carley Sound Circle	
Tampa, FI	Tampa, FI	
33647	33647	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the Heather DeRigo Name	gistered Agent. You must designate an indiwidual eregistered agent are:	
8591 Carley Sound Circle		
Florida street address (P.O. Box NOT acceptable)		TOTAL
Tampa,	_{FL} 33647	59
City, S	State, and Zip	70

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member **MGRM** Heather DeRigo 8591 Carley Sound Circle Tampa, Fl 33647

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: dandary 1, 2011 . (OPTIONAL) (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Heather DeRigo

Typed or printed name of signee

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)