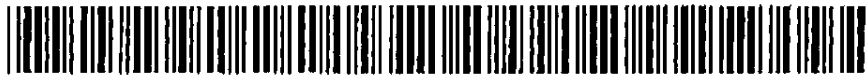


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Fax Number : (850) 617-6383

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.  
Account Number : 076326003550  
Phone : (561) 627-8100  
Fax Number : (561) 622-7603

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: aj@singlehandedstudio.com

FLORIDA LIMITED LIABILITY CO.  
SINGLE HANDED STUDIO, LLC

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**ARTICLES OF ORGANIZATION  
OF  
SINGLE HANDED STUDIO, LLC**

The undersigned authorized representative of a member, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 608 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

**ARTICLE I - NAME**

The name of the limited liability company shall be SINGLE HANDED STUDIO, LLC (the "Company").

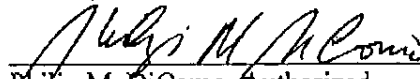
**ARTICLE II - ADDRESS**

The principal office address of the Company is 3566 Cosmos Street, Palm Beach Gardens, FL 33410.

**ARTICLE III - REGISTERED AGENT**

The name of the registered agent of the Company in the State of Florida is Haile, Shaw & Pfaffenberger, P.A. with an address at 660 U.S. Highway #1, Third Floor, North Palm Beach, Florida 33408.

IN WITNESS WHEREOF, the undersigned authorized representative of a Member of the Company has made, subscribed and affirmed these Articles of Organization under the penalties of perjury at North Palm Beach, Florida, as of this 17<sup>th</sup> day of November, 2011.

  
Philip M. DiComo, Authorized  
Representative

**ACCEPTANCE BY REGISTERED AGENT**

THE UNDERSIGNED HEREBY accepts its appointment as Registered Agent of the aforesaid limited liability company. We are familiar with, and accept the obligations of Chapter 608 of the Florida Statutes.

HAILE, SHAW & PFAFFENBERGER, P.A.

By:   
Philip M. DiComo

Date: November 17, 2011

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