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Ta: Division of Corporations Fax Number : (850)617-6383 From: ACCOUNT Name : LAZARUS CORPORATE FILING SERVICE, Account Number: I20000000019 Phone : (305)552-5973 : (305)220-1440 Fax Number æ **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA LIMITED LIABILITY CO. GOO JUMPS LLC Certificate of Status 1 Certified Copy 0 03 Page Count \$130.00 Estimated Charge J. SAULSBERRY

MAY 4 2012

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H 1 2 0 0 0 1 2 2 8 0 1 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability	S LLC ty Company, "LLC," or "LLC.")
ARTICLE II - Address: The malling address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10238 SW 159 C+ miami: F1 331910	10238 SW 159ct mami FL 33196
pembroke pines	egistered agent are:
	accept service of process for the above stated limited

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..

(CONTINUED).

stered Agent's Signature (REQUIREL

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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:

<u>Title:</u> "MGR" = Manager		Name and Address:	
"MGRM" = Managi	ing Member	•	
MGRM		Priscilla Ortrga Iroi NW IIIth Ave pembroke pines F1 33	507(6
			ZBIZ HAY
<u> </u>		,	Y-3 MA
			& 32 LORIDA
(Use attachment if r	necessary)		
	l, the date must be	date of filing: specific and cannot be more than five	
REQUIRED SIGN	ATURE.		
	grature of a member	r or an authorized representative of a mem	ber.
constitute I am awar	s an affirmation under that any false inform	408(3), Florida Statutes, the execution of this the penalties of perjury that the facts stated heation submitted in a document to the Departm as provided for in s.817.155, F.S.)	erein are true.
	Priscilla Typ	or printed name of signee	_