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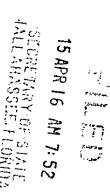
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COVER LETTER

Registration Section Division of Corporations		
ECT: Head Scratcherz, LLC Name of Li	mited Liability Company	
closed Articles of Organization and fee(s) a	are submitted for filing.	
return all correspondence concerning this n	natter to the following:	
Gabrielle Lichterman	Name of Percon	
	Name of Ferson	
Head Scratcherz, LLC		
	Firm/Company	
2910 11th Ave N		
2310 110174014	Address	
Saint Petersburg, FL 33713	City/State and Zip Code	
abrielle@HeadScratcherz.com E-mail address: (to be use	ed for future annual report notifica	ution)
ther information concerning this matter, ple	ease call:	
elle Lichterman at (Name of Person		lephone Number
ed is a check for the following amount:		
00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Add	ress
Registration Section	Registration Section	_
Division of Corporations	Division of Corporat	tions
P.O. Box 6327 Tallahassee, FL 32314	Clitton Building 2661 Executive Cen	ter Circle
	Division of Corporations ECT: Head Scratcherz, LLC Name of Li closed Articles of Organization and fee(s) a return all correspondence concerning this re Gabrielle Lichterman Head Scratcherz, LLC 2910 11th Ave N Saint Petersburg, FL 33713 abrielle@HeadScratcherz.com E-mail address: (to be us ther information concerning this matter, ple elle Lichterman Name of Person ed is a check for the following amount: No Filing Fee \$130.00 Filing Fee & Certificate of Status Mailing Address Registration Section Division of Corporations P.O. Box 6327	Division of Corporations CCT: Head Scratcherz, LLC Name of Limited Liability Company closed Articles of Organization and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Gabrielle Lichterman Name of Person Head Scratcherz, LLC Firm/Company 2910 11th Ave N Address Saint Petersburg, FL 33713 City/State and Zip Code abrielle@HeadScratcherz.com E-mail address: (to be used for future annual report notificate ther information concerning this matter, please call: elle Lichterman Name of Person at (917 Name of Person Area Code Daytime Te di is a check for the following amount: OFiling Fee Certificate of Status Mailing Address Registration Section Division of Corporations P.O. Box 6327 Ciffon Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Head Scratcherz, LLC	* 17 1 1 1 0 0 W T O D	- W. I. C. 22)
(Must end with the words "Lim	nited Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the princip	oal office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
2910 11th Ave N	2910 11th Ave N	
Saint Petersburg, FL 33713	Saint Petersburg, FL 33	713
(The Limited Liability Company cannot serve as its canother business entity with an active Florida registrement and the Florida street address of the registrement.	ration.)	
Gabrielle Lichterman N	ame	
-		
2910 11th Ave N Florida street address (P.O.	Pay NOT acceptable)	-
riolida street address (F.O.	box <u>NOT</u> acceptable)	
Saint Petersburg	FL 33713	
City	Zip	
Registered Agent's	eccept the appointment as registered ions of all statutes relating to the pr	l agent and agree to act in this coper and complete performance
Page	1 of 2	

<u>itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
/IGR	Gabrielle Lichterman
	2910 11th Ave N
	Saint Petersburg, FL 33713
	· · · · · · · · · · · · ·
Ise attachment if necessary)	
tive date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or
V: Effective date, if other than the tive date is listed, the date must b filing.) VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or
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V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section)	a mamber or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document
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V: Effective date, if other than the tive date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false in the section is the section in the section in the section in the section is the section in the section is the section in the section in the section in the section is the section in the section in the section in the section is the section in the section	a mamber of an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true; information submitted in a document to the Department of State.
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